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ORIGINAL ARTICLES.

AEQUALIA AEQUALIBUS CURANTUR.

BY R. DEL MAS, PH. D., M. D. HUGO, MINN.

THE principle of vaccine therapy is formulated in the title of this paper, and, before Pasteur dreamed of it, it had been conceived and brought to light by two men of our school:

One was Lux, the German veterinary surgeon, who, in 1833, stated—

All inoculable diseases contain in their substance of inoculation the remedy appropriate to their cure.[1]

The other was the great Hering, who taught that—

The toxins found in the body, properly attenuated, are capable of curing the very diseases that give rise to them.[2]

That was in 1833. In 1836, Weber spoke to the same effect. If Hering were still living, he undoubtedly would correct his statement or rather would explain it in the light of the Organon. He meant to use attenuated toxins as prophylactics.[3]

What Lux called "isopathy" is now known as vacine therapy and sera therapy, or rather specific therapeutics, that the uninitiate may not be misled to consider allopathy a plagiarist or an imitation of Homœopathy.[4]

The isopath tends to produce a disease identical with that which he seeks to eradicate, and differs widely from the Homœopath who simply substitutes a similar for a natural disease, or brings reaction itself to the patient.

The isopathic remedy covers only the symptoms from the morbid cause of disease; the homœopathic medicament answers to the totality of the symptoms as found in the patient. Both methods of treatment have in view to obtain a *reaction*, while the allopathic method imposes the *action* of a remedy upon the organism.[5]

[1] Thérapeutique de Pasteur, by Dr. Jules Gallavardin.

[2] Essentials of Homœopathic Materia Medica, by W. A. Dewey M. D.

[3] Theuille applied the teachings of Hering with success in plague at Constantinople.

[4] Hueppe, from Thérapeutique de Pasteur, by Dr. Jules Gallavardin.

[5] Thérapeutique de Pasteur, by Dr. Gallavardin, and The Typhoidal Vaccination, by the present writer, in The Homœopathician, May, 1913.

Metchnikoff and Wright have studied the process of the organism undergoing reaction. From the former we learned of "phagocytosis;" from the latter, of the "opsonic index." Their researches are complementary, or rather, Metchnikoff's fathered Wright's. From them we have been shown "the measure of the germ destroying power of the blood."[6]

This last quotation, from a manufacturer of stock vaccines, teaches one that the blood condition accounts for the presence or the absence of germs in the human frame. This view is clearly held by Kent[7] who contends—

Germs are caused from the bodily fluids.

These fluids are infectious, but the germs, as living beings, are not infectious.

Sepsis comes first, then the germs appear. There is spontaneous development of sepsis in the blood.

If the germs are left long enough they will kill off the poison. This is illustrated in the case of the cadaver.

The scalpel that pricks the hand in the course of a post-mortem examination is more poisonous than the scalpel that pricks the hand after using on the cadaver that has lain for six weeks until it is mortified and green. . . .

You can inject the fluid that contains bacteria and cause a condition in the blood similar to that in the body from which the fluid was taken.

The cause of disorder is on the plane of simple substance. When it floats forth into the ultimates it evolves spontaneously into bacteria. This is direct evolution from cause to effect.

Kent is a philosopher whose views are upheld by facts. The modern bacteriologist is a theorist whose tenets are corroborated by fancies. Pasteur and Kent could not agree as to the spontaneous development of bacteria, but Béchamp's[8] researches agree with Kent's conception of germ life.

Béchamp followed the evolution of the cells infectiously affected—or rather, morbidly active—and discovered that germs arise in the body, from such cells. A normal, healthy blood could not harbor germs. The experimental inoculations

[6] Vaccine Therapy in General Practice, by G. H. Sherman, M. D.

[7] First Transactions of the Society of Homœopathicians. Nov., 1910.

[8] Le Sang.

of the bacteriologist do not prove that Nature is an inoculator.

Dr. Hector Grasset has recently written a book to revive the illustrious memory of Béchamp.

Brothers Mary, of Beauvais, France, are able to manufacture the Koch bacillus, and it is predicted that in a few years any germ may be chemically obtained, as surely as CO^2 or H^2O, in our laboratories. (This was the contention of the late Dr. Rollin Gregg, of Rochester, N. Y., who even gave a receipt for making bacteria.—ED.)

We are coming rapidly to the belief, based upon experiments, that—

A normal serum—and not the products derived from microbic action, such as the antitoxic sera—is the beneficial agent that brings about the results we are wont to ascribe to the stock sera.[9]

The vaccinotherapy of to-day comes from the researches of Wright. It was logically but natural that a school without laws should gladly welcome Wright and his opsonic index, as it had before adopted each new thing. It is remarkable, though, that Europe yet cares so little for sera and vaccines, and that the United States were, and are now, the warmer worshippers of the Specific Therapeutics. Children like new things, and may be the youthfulness of the land of Uncle Sam accounts for the credulity of the American allopath, and for the existence of his exploiter. At any rate, American celebrities do not set the pace in European universities. But let any German scientist invent a new fad or compound, and from Atlantic to Pacific shores he will find courtiers.

The isopath, also called seropath or vaccinopath, has in view—

To obtain immunization through the administration of sera and vaccines or bacterins that will raise the opsonic index or increase the phagocytosis of the individual, in order to procure the obliteration, or to prevent the entrance of infection. In order to reach beneficial results, a positive phase in the reaction of the inoculated must be produced, as a negative one might prove fatal. It is also deemed most advisable to resort to vaccines (stock or autogenous) in the very beginning of the disease, because, toxæmia once produced, the chances are low for getting salutary effects. As isopathy succeeds only from positive reaction, it is most important to use bacterins while the patient can respond.

EXPLANATION AND DIFFERENTIATION.

Vaccines or bacterins cause the inoculated to manufacture his own antitoxins and antibodies (opsonins, precipitins, agglutinins, etc.), or amboceptors. They lead to an active acquired immunity.

Antitoxins are antibodies produced in another animal by injecting toxins.

They neutralize the toxins of the corresponding bacteria in the infected individual, and render the latter passively immune.

The vaccines force the patient to manufacture his own antitoxins, while antitoxins require of him no labor whatever. But, as a reward for his work, the patient having produced his own immunity will be longer protected against infection than the passively immune.

In the words of Dr. G. H. Sherman, of Detroit, Michigan, a vaccine manufacturer:

The vaccines do not destroy the germs causing the infection, but simply stimulate the immunity producing apparatus, thereby eliminating the ill effects of the infection.[10]

We have read some reported cases of acne treated with autogenous vaccines by a French Homœopath, Dr. Rénaud-Badet,[11] with success.

One case was especially impressive, wherein, after the injection of the vaccine, healing started in the reverse order from that in which the trouble began, confirming the law of direction formulated by Hering.

We have contended before that products of disease contain the causes of disease; that if such products were attenuated they could readily be used as prophylactics in high potencies and in single doses. The fateful results too often obtained through the use of sera in the hands of the allopaths have been due to the antiseptic "keeper" or to the large doses administered. With our preparations there lies no such danger, but one and all conform to the latest scientific data concerning the constitution of matter; and the liberation of the several energies matters affords under the process of dissociation of its molecules is produced by us through potentization.

The need of high potencies in anaphylaxis is based upon the fact that *causes pertain to the realm of simple substance, and ultimate into visible or palpable results on the plane of matter.*

We see effects; but not causes.[12]

The tendency of a given individual to receive the morbid cause of typhoid, measles or scarlatina is but an affinity for such cause; and the influx of such cause will—according to its degree of intensity or length of action—produce immunity or give rise to a *reaction* or *disease* in the individual.

Through *reaction* immunity seems to arise also, as when a subject develops diphtheria, measles, smallpox, typhoid or scarlatina only once during his life. But there are cases on record demonstrating that reaction or disease does not always

[9] Revista de Medicina Pura, April-May-June, 1913. Dr. Comet Fargas.

[10] Vaccine Therapy in General Practice, by G. H. Sherman, M. D.

[11] Staphylococcus, *L'Homœopathie Francaise,* March, May and August, 1912.

[12] Prof. Albert Robin, of Paris, France, said: Medicines act through dynamism and not through their mass.

lead the patient to permanent immunity. Hence the necessity of repeating the prophylactic remedy—especially in times of epidemic—but always high, and in single doses.

In Homœopathy the vaccines and sera are called *nosodes.*

A nosode could not strictly be applied in microbic or infectious maladies to produce their cure, *unless the characteristics of the case were similar to those of the nosode.*

Experience testifies against those who believe that Syphilinum cures syphilis; Tuberculinum, phthisis, or pertussin, whooping cough.

This delusion equals that of the allopathic isopath.

Yet a nosode can wisely and profitably be used to clarify the case which—from mixing, or from allopathic interference—presents no clear view of the similimum. Such is the teaching of Kent, and he is undoubtedly right.

When the characteristics of the case are striking, the rule applies that the similar remedy be ministered.

Those men of our school who have run mad after vaccines have never used them without what they thought to be the indicated remedy.

Their testimony indicates that in some serious cases *vaccines were of no avail; the patient rallied under the beneficial stimulus of the similimum.*

We can simply infer that if the homœopathic remedy can control serious cases, it will be as serviceable in mild diseases; hence the conscientious prescriber will be satisfied to burn his incense upon the altar of *similia,* not before the Golden Calf, *Æqualia.*[13]

We do not doubt that a vaccine will lead to a reaction in the inoculated, but we could not believe that the reaction derived from the vaccine would equal in importance and thoroughness that produced by the remedy homœopathic to the case.

As isopaths, you throw in more germs and arouse a greater activity to defend the bodily estate already besieged by enemies identical with those you inject (as the force the bacterins develop is identical with that which has already gained entrance into the body). You do not fortify the besieged and bring to his aid new arms, new armies, and new means of defense supplied by an ally. You merely cause a new invasion of his territory, and arouse thereby a greater desire for independence, and foster or kindle a more ardent patriotism.

But can you tell—

That your invading army of inoculated bacterins or vaccines is not going to deplete the natural resources and strength of the besieged?

Are the conclusions drawn from immunizing experiments[14] hasty, or reliable?

Prof. Frederick P. Gay, of Boston, stated[15] before the Congress of Physicians and Surgeons held in Philadelphia in 1910:

There is absolutely no proof, from Richet's or any other experiment, that anaphylaxis or immunity is due to toxins as such, wherefore we must assume that in the tuberculin reaction the reaction is due to something else than the tuberculin in the toxin of the tubercle bacillus, and the conclusion is drawn that—

Not only is it unproven that a condition of anaphylaxis or toxination is of value to the individual, but—

There is strong evidence for believing that the condition of toxination is of distinct disadvantage to the host or individual.[16]

TESTIMONIES.

In the foregoing lines of our paper, we speak of immunization in the language of its advocates and priests, but trust that the reader will not believe we are isopath.

We believe in using our present and future nosodes only as already outlined in this article. And to sustain our contention, adverse to the general ways and means of applying vaccines in the hands of the old school, we here bring testimony in our favor *from the land of the foe.* Such testimony, though, does not advocate the use of our nosodes, but it rebuts the hasty or fanciful ideas and conclusions or theories the vaccinationist employs and displays as arguments for his actions as a therapeutist.

Professors Arloing and Moro wrote in 1909:[17]

Extensive experiments have demonstrated that the theory of fermentation of antibodies or antitoxins in response to bacterial toxins[18]—is erroneous, and . . . it has been positively demonstrated that toxins and the so-called antitoxins—poison the already poisoned body or organism.

The remarks of Professor Stengel[19] (Univ. of Pa.) at the Philadelphia Congress of Physicians and Surgeons, 1910, quoted by the present writer in the *Homœopathician,* Aug.-Sept., 1911, concede the lack of good, and the positive harm wrought by vaccination for immunization.

Before the same Congress, where spoke Gay

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[13] Vide The Typhoidal Vaccination, The Homœopathician, May, 1913; Vaccines in Typhoid, by W. H. Watters, M. D., *J. A. I. H.,* March, 1912.

[14] Immunizing, in vaccine-therapy parlance, applies to the use of vaccines for both the treatment and the prevention of infectious diseases.

[15] Gay, *J. A. M. A.,* May 14, 1910, p. 1635.

[16] *Therapeutic Digest,* Sept., 1912: By Ch. G. Kuhlman, M. D., Sept., 1912.

[17] Arloing-Moro *Cal. State J. M.,* Jan., 1909, p. 226, cited in *Therap. Dig.*

[18] Toxins here means Vaccines, and antitoxin, Sera. (R. d'M.)

[19] Stengel, *J. A. M. A.,* May 14, 1910, p. 1635; *Therap. Dig.*

and Stengel, Professor Adami,[20] of Montreal, Canada, states:

Resistance—or so-called immunity—to bacteria is not due to antitoxin, but to a definite non-specific immunity on the part of the cells of the body.

Cutter[21] states, basing upon Uchinsky's experiments:

The exact nature and chemical composition of toxins is as yet unknown, and diphtheria toxin is among the most poisonous substance known—so poisonous that less than one milligram (0.00005 grams, or 0.00325 grs.) is sufficient to kill a 250-gram guinea pig, showing the fallacy and danger of the anaphylactic phase of biotherapism; and all the scientific data lead to the inevitable conclusion

Serum from animals injected with diphtheria toxin or any other toxin contains such toxins in the unaltered state and is directly responsible for the said "grave dangers" and "increased mortality."

The flippant Homœopath who caters to the horse serum would better reflect upon Cutter's statement.

It is safe to say that those in our ranks who laud antitoxin are precisely the same who do not practice the principles of therapy of the Organon.

But Dewey's statistics long since set at rest the senseless assertion that antitoxin gives better results than the homœopathic remedy. And many are those in the ranks of simple Homœopathy who can tell that they raise the opsonic index and abort scarlatina, typhoid, and other infectious diseases with the indicated remedy.

From Dr. George Royal[22] we learn that the vaccinal method is neither easy nor safe. Experiments were performed in 1911, upon students at Iowa City:

The results obtained (with typhoid vaccine furnished by Maj. F. F. Russell, of our Army) upon the students themselves were then compared with the reports of the results obtained by other investigators, for the purpose of teaching that variation must be expected, and that in susceptible individuals the use of vaccines was ever dangerous.

CONCLUSIONS.

But no vaccines will be dangerous, only beneficial, in epidemics or for immunizing purposes *when given by the mouth, in single doses, and in high potencies.* They alone—from their plane of simple substance—can satisfy the affinity for the morbid—etiologically speaking—of a given individual.

That small doses do better than massive doses, in raising the opsonic index, is proven by the researches of Prof. Richet.[23]

The leucocytosis produced by large doses lasts longer than that which arises after the injection of small doses.

With small doses the reaction disappears promptly, but if the animal then receives a further injection it appears that *it has become immune*, and the leucocytic reaction is not reproduced.

In the words of Dr. Richet:

In order to create this immunity, only exceedingly small quantities were necessary; so small were they that I long hesitated to believe in their activity. But in multiplying experiments I was led to submit to evidence.

From the researches of Dr. Richet we see confirmed the wise injunction of Hahnemann regarding the repetition and the size of the dose.[24]

Toxic doses, in their primary action, bring about a transitory increase of forces, a leucocytosis that lasts too long. And this should be avoided by using doses infinitely small which would not cause the violent turmoil among the leucocytes observed after use of the large doses, but *lead almost immediately to immunity.* Indeed, Hahnemann was a genius!

To be sure, the doses yet used by the Specific Therapeutist are too large, and still play havoc upon the patient, and their preparation and the method of administration account for the fatal result in too many instances.

A true Hahnemannian uses only the indicated remedy, and leaves empirical and fanciful therapy to the simpleton. The Hahnemannian cures his patients, and this seems to be all they require of him and is all that should concern him.

As already stated, *vaccines draw heavily upon the bodily forces of the inoculated. The contrary occurs with the similimum,* if given high.

A disease force is inimical to the body and can be controlled only by reactionary energies friendly to health.

Health and disease are antipodal.

Administer the similimum in massive doses and you amplify the action of the disease force.

Reverse the operation and you obtain opposite, or beneficial, results.

Hence, the action of the attenuated dose and that of the life force defending its premises against invasion are *similar*, and the similimum is the ally that brings aid with its own weapon.

Let us be pure and simple Homœopaths, of

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[20] Adami, *J. A. M. A.*, May 14, 1910, p. 1636; *Therap. Dig.*

[21] Uchinsky Cutter; Cutter Laboratory Circular, May 27, 1909. *Med. Era; Therap. Dig.*

[22] The Relation of Toxins, Vaccines and Serums to Homœopathy, *J. A. I. H.*, March, '12.

[23] La Réaction Leucocytaire, *Presse Médicale*, July 2, 1913 (*Le Propagateur de l'Homœopathie*, July 31, 1913, by Dr. Jules Gallavardin).

[24] Also the successful application of the high and the single doses for prophylactic purposes. Dr. Dienst and others are ready to corroborate our statement regarding the administration of Variolum and Vaccinum against small-pox. Hahnemann favored Belladonna against scarlatina.

that type who—as jewels set in a crown—add glory to the immortal name of Hahnemann; and so sowers of fertile seed let us sow life in the hearts of our brothers.

DISCUSSION.

By Drs. Starkey, Austin, Farrington, Loos, and Kent.

Although this sort of treatment is actually merely a commerical business for the benefit of the manufacturers, with slight therapeutic value, many do believe in it blindly. Other doctors use and discuss it, patients are interested in it, and because of these conditions we meet, it is wise to have statistics and authority for the claims made in favor of it and for our own opposition to its use.

The fact is that the serum laboratories are owned by a few rich men who exploit the practice for their personal gain. When practically tested the products proved harmful. This was learned long ago, in Germany, where serum therapy is not used. In New York, after some years, the doctors learned from their own experience to regret its use. When Dr. Wm. Porter, formerly in charge of the New York Board of Health, denounced the practice and challenged any old school man to open public debate of the subject, not one appeared to meet the challenge.

Several items of truth have been brought out by the study of this subject, all of which support the use of homœopathic remedies. They have been demonstrated to raise the opsonic index of the blood, and the high potencies were more effective than the low. When vaccines are used in crude form, they add another foe to the burdened system, to be combated, increasing the drain on the vitality. The potencies avoid that feature, increasing the reaction in the patient against the original infection. This one item should gain favor for the potencies.

A prominent surgeon repeatedly administered autogenous serum to his wife, who suffered repeated crops of boils. Finally he referred her to a homœopathician, who recognized Lachesis symptom present before and after the boils had appeared. Lachesis was given and she had no more boils..—*The Homœopathician*, November, 1913.

X Rays.

Adenitis, Tuberculous.—Treatment. Roentgen rays recommended for routine use in cases that do not readily respond to medical treatment. Give ten daily irradiations, then 2 or 3 times a week. Study of proper dosage in each case necessary. Patients thus treated early can be cured without breaking down of a single gland. Where such breaking down does occur, incise, swab out cavity with equal parts of iodine and phenol, and drain. —*Boggs.*

THE HOT AIR APPARATUS AND SOME OF ITS USES.

BY J. A. BURNETT, M. D., HARTSHORNE, OKLA.

HEAT has been used as a therapeutic agent by both the laity and medical profession during all ages, but it is only of recent origin that an apparatus has been invented so that dry heat can be used up to an extremely high degree, so that this form of treatment was placed on a scientific basis. In order to give a superheated air treatment one must have a costly apparatus made for the purpose. The hot air apparatus is heated by electricity, alcohol, gas or gasoline. Electricity is usually too expensive, and when alcohol is used the burner cannot be regulated so as to regulate the heat. Gas is satisfactory when available, and has no odor, and gasoline is satisfactory, but has an odor. Considering all things, it is best, as a rule, to order the apparatus with a gasoline heater. A hot air apparatus is not portable, hence the patients must come to the physician's office for treatment. As the hot air apparatus is not portable it is especially adapted for office practice. Personally, I am very much interested in office practice and chronic diseases, hence the hot air apparatus is of especial interest to me. The hot air apparatus has no comparison with the vapor bath cabinet. With a good hot air apparatus dry heat can be used up to 500° F. for one hour or longer. When we consider that water boils at 212° F., that 130° to 170° F. is as hot as the body will tolerate moist heat, and that with a good hot air apparatus dry heat can be applied up to 500° F., which is more than twice the boiling point of water and about three times as hot as moist heat can be tolerated, we can readily see that dry hot air treatment is something out of the ordinary and worthy of due consideration. The hot air apparatus is not for laity use; the treatments are always given by a physician or a trained nurse under a physician's instructions. As a rule, there are but few physicians doing a general calling practice that need a hot air apparatus, as they cannot take the time to give the treatments. The average time for a hot air treatment is one hour with the apparatus, besides the time required to prepare the patient for the treatment and the time consumed after the treatment. This again makes the hot air apparatus especially adapted to office practice and of special benefit to physicians who wish to devote their time to office practice.

Many physicians have purchased a hot air apparatus and found it satisfactory as far as results were concerned, but later on discarded it because it required too much time to prepare the patient for and give the treatments for the price that most patients were willing to pay. My fee for giving a hot air treatment is $2.00; some charge $5.00. A few may think my price high, but when we consider that I include any other treatment in connection with the hot air treat-

ment it will be found that it is as cheap as it can be done. And any patient will find it far cheaper than going to hospital or some watering resort for treatment. The hot air treatment is painless and harmless, and no one need have any fear of it. In rare instances the patient will get the wrapping a little out of place so that it will collect steam enough to cause a slight burn, but this is extremely rare, and amounts to almost nothing when it does occur. It is reasonable to suppose that an accident or mishap can happen in most anything. The hot air treatment is not by any means a "cure all," and it is very rarely used alone, but most always with medicines and other forms of treatment that may be needed or that will aid in giving relief or making a cure. All general practitioners should know the value of the hot air treatment even when they do not give it themselves, so they could send patients needing it to some physician who does give such treatments. However, I am sorry to say that a great majority of physicians, no matter what they know of the value of this form of treatment, would not send a patient to another one for the treatment, and the majority of such physicians would condemn the treatment if the patient should suggest it. But suffice to say no one would require an X-ray to see the object. The hot air treatments are given in bad cases, and sometimes twice a day, but in ordinary cases two to three times a week. It is impossible to say in any case just how many treatments will be needed. Of course, a rough estimate could be given after a case was examined. There are a great number of physicians that know nothing of the value of a hot air apparatus, and others that have merely heard of them, and think they are used exclusively for rheumatism. The reason for this is because the hot air apparatus has proved to be almost a specific for all forms of rheumatism, no matter whether it is acute, subacute, chronic, articular, muscular, etc., and no matter in what part of the body or limbs it may be located. Of course, in anchylosis where a joint is grown together the hot air treatment cannot produce a new joint.

It pays a patient to be in time for treatment, no matter what his disease is, as well as it pays to be in time for all other things. Even the laity know it is difficult to cure a chronic case of rheumatism with drugs, and some have concluded that there is no successful treatment for rheumatism, and decided to endure it all through life. This class of patients should try the dry hot air treatment in connection with the proper indicated medicines, as each will aid the action of the other. In a personal letter to me Dr. F. P. Claycomb said the dry hot air treatment is beneficial in what is termed colds, rheumatism, bronchitis and asthma. In a personal letter to me Dr. E. L. Gleaves stated that the hot air treatment was of much value in albuminuria of pregnancy and uremia. Some physicians wrote me that the hot air treatment was specific in uremia. The late Dr. G. J. B. Gideon told me he cured all his cases of dropsy with the hot air apparatus. Dr. F. M. Leonard says: "Complete hot air outfit is essential to a physician's armamentarium, especially one who wishes to treat chronic diseases." Dr. Leonard reports curing a case of eczema with the hot air apparatus, and of using it to prevent rheumatism, he also says, "It is a dead shot on blood poison."

In cases of obesity (excessive fat) the dry hot air treatment is of value. Some have reported as much as ten pounds reduction in weight per week. There are many excessive fat people who do not know that such is a disease, and that obesity (excessive fat) is just opposite to anæmia (excessive lean or poor). As both of these conditions are abnormal they both need treatment. Dr. J. C. Walton speaks of the hot air treatment being of value in sprains, anchylosis, synovitis, arthritis, rheumatism, gout, lumbago, sciatica, nephritis, uremia, hepatic and nephritic colic. Dr. C. Stuart Hutchinson speaks of the dry hot air treatment as a pain reliever in chronic ulcers, rheumatism, lumbago, torticollis, pleurodynia, sciatica, gout, sprains, dry, scaly skin troubles, etc. He says: "Syphilitics obtain the same results as from the hot springs."

The hot air treatment is of great value in the various forms of kidney troubles, and this is a class of diseases that is dangerous to neglect. I could go on and mention many other things in which the hot air treatment is of great value, but this is sufficient to convince anyone that it is a very important method of treatment.

HOMŒOPATHIC EXAMINING BOARD REPRESENTATION.

Alabama.

Law provides for an Allopathic Board only. The State Medical Association is in control.

Arizona.

The Law provides for one homœopathic member of a board of five. There is no representation of our school of medicine on the board. Dr. John Wix Thomas, of Phœnix, who usurps the homœopathic position, is a member of the local Allopathic Association. He is a homœopathic graduate, but has forsworn Homœopathy.

Arkansas.

The Law provides for a complete Homœopathic Board. This numbers six members and all are loyal members of the school.

California.

The new Law recently passed has freed the State from the grip of the American Medical Trust. No provision, however, is made for homœopathic representation on the board. The law says it shall be "non-sectarian," which, of course, will be interpreted as allopathic. There

are a present two able homœopathic physicians on the board.

Colorado.

The Law provides only for an Allopathic Board. Homœopathy is unrepresented. There is one homœopathic graduate on the board, Dr. David A. Strickler, of Denver, but he is not on as a homœopathic representative were he qualified to represent the school, but being a member of the Local Allopathic Organization it would be unjust, in view that the Law makes no provision, to consider his presence on the board as worthy of homœopathic notice.

Connecticut.

The Law provides for a full Homœopathic Board of six members. All are at present loyal members of the school.

Delaware.

The Law provides for a Homœopathic Examining Board, which is composed of five members, all loyal homœopaths.

District of Columbia.

The Law provides negatively for homœopathic representation by saying, "Not more than two members shall be adherents of any one system of medical practice." Dr. J. B. G. Custis represents the homœopathic school.

Florida.

The Law provides for a Homœopathic Board of three members and all three are loyal adherents to the school.

Georgia.

The new Law just passed provides equal representation for allopaths, homœopaths and eclectics. New Board not yet appointed.

Idaho.

The Law provides for homœopathic representation in a negative way by saying, "A majority of whom shall not represent any one school of medicine and not less than three schools of medicine shall be at all times represented."

As a matter of fact, the Law is violated at the present time. Dr. Susan E. Bruce, of Lewiston, is a member of the local allopathic association and Dr. R. S. Gregory, of Boise, is also enrolled under the allopathic banner. Thus, contrary to Law, a majority of the board represents the allopathic school of medicine.

Illinois.

No provision made for homœopathic representation. The State Board of Health is the examining body. Dr. T. B. Lewis, of Hammond, is on this board and is a homœopathic physician. There is no legal provision for his presence thereon.

Indiana.

The Law provides for recognition of the homœopathic school in a negative manner by saying "No school nor system of medicine shall have a majority representation on such board." The Law is observed by there being two allopaths, two eclectics, one physio-medic and one osteopath on the board. Homœopathy is unrepresented.

Iowa.

The State Board of Health is the examining body and the Law provides for homœopathic representation here. There is at present one homœopathic physician on the board.

Kansas.

Representation by Law is given negatively by saying, "No one school to have a majority of the whole board."

The Law is violated; there are four allopathic representatives out of the seven members. Dr. G. L. Millington, of Wellington, is a homœopathic graduate, but a member of the American Medical Association and not a representative of the homœopathic school.

Kentucky.

The Law provides for one member to represent homœopathy; the present incumbent is loyal.

Louisiana.

The State Law provides for a homœopathic board. The present membership is representative.

Maine.

The Law provides for homœopathic representation by stating, "Not more than two members shall at one time be members of any one chartered State Medical Society." Homœopathy is at present represented by two loyal men.

Massachusetts.

The Law provides that not more than three members shall at one time be members of any one chartered medical society. The representation of our school is loyal.

Michigan.

The Law says, "Not more than five persons so appointed shall be from the school of medicine known as regular, not more than two persons so appointed shall be from the school of medicine known as homœopathic."

The Law is at present openly violated. There are six persons representing "the school of medicine known as regular." Dr. Bret Nottingham, of Lansing, is a member of the American Medical Association, and has agreed in joining this association not to be known as of "the school of medicine known as homœopathic." Dr. Nottingham, therefore, no longer represents the homœopathic school of medicine and illegally retains his seat on the board.

Minnesota.

The Law provides that the board "shall at all times include three homœopathic physicians."

This Law is violated. Dr. Thomas Lowe, of Pipestone, is a member of the American Medi-

cal Association; to become this he must sign a recantation of Homœopathy. At any rate, whether he did or not, he is no longer a fit representative of our school of medicine and being rated as a "regular" in the A. M. A. Directory is illegally holding his place on the board.

Mississippi.

The Law does not require homœopathic representation and there is none.

Missouri.

No provision in State Law for homœopathic representation, but provision is made for examination in therapeutics by a member of candidates' own school. There is, however, one homœopathic physician on the board. The Law says no discrimination shall be made against the different systems of medicine that are recognized as reputable by the laws of the State.

Montana.

The Law does not require homœopathic representation and there is none.

Nebraska.

The State Board of Health constitutes the examining board. One member shall be homœopathic according to the Law. The Law is carried out and the homœopathic member is representative.

Nevada.

The Law provides for one homœopath on the board; we believe there is a homœopath on the board.

New Hampshire.

This State has its own Homœopathic Examining Board of five members and all are good men.

New Jersey.

The Law provides for three homœopathic representatives and there are three good representatives on tht board.

New Mexico.

The Law requires no homœopathic representation and there is none. The State is under control of the American Medical Association.

New York.

There is no provision in the Law for homœopathic representation. The appointments on the board are political. There are homœopathic physicians on the board, but they represent nothing.

North Carolina.

A State completely under control of the American Medical Association. Homœopaths are kept out, but "no discrimination is made!" The Law provides only allopathic physicians.

North Dakota.

The Law provides that two members shall be homœopathic physicians.

The Law is disregarded. Dr. H. G. Wootat, of Grand Forks, is a member of the local allopathic organization and holds his place illegally. There is one homœopathic representative.

Ohio.

The Law provides for representation of the homœopathic school and the State has this representation according to the Law.

Oklahoma.

Homœopathic representation provided by Law negatively by the clause, "No one of the schools may have a majority on said board."

The Law is disregarded. Dr. D. W. Miller, of Blackwell, is a member of the local allopathic society. This makes five allopaths on the board of nine members.

Oregon.

The Law provides for one homœopathic member on the board and the present member is a loyal homœopath.

Pennsylvania.

There are two homœopathic physicians on the board, but we have been unable to obtain a copy of the new law.

Rhode Island.

The Board of Health controls the medical licensing and examining. No provision is made to recognize Homœopathy. The Law says: "Nothing shall be so construed as to discriminate against any particular school or system of medicine," which is a meaningless phrase enacted by clever medical politicians. There is an able homœopath on the board at present.

South Carolina.

The Law provides no recognition for Homœopathy, hence all in the State is allopathic.

South Dakota.

The Law provides for homœopathic representation by saying, "Not more than two from the school known as homœopath." (Sic) the board numbers seven. The Law also says, "Not more than four members from the school known as regular."

The Law is disregarded. There are five membtrs from the "school known as regular." Dr. L. G. Hill, of Watertown, though a graduate from a homœopathic institution, is a renegade from the school and is classed as regular. He does not represent the homœopathic school.

Tennessee.

The Law provides for one representative of Homœopathy on the board and there is an able representative of our school on the board.

Texas.

The Law provides for homœopathic representation negatively by saying, "No one school shall have a majority representation on said board." We have two able representatives on this board.

No provision is made, however, to examine in subjects especially homœopathic. The people are protected by not having physicians examined in the treatment of disease.

Utah.

The Law says that the board shall consist "of representatives of various schools of medicine." There is one homœopathic representative on the board.

Vermont.

The Law provides for two homœopathic members. Both are able representatives of the school.

Virginia.

The Law provides for two homœopathic members. Both members ably represent the school.

Washington.

The Law provides for two members of the homœopathic profession on the board.

The Law is disregarded. Dr. Geo. H. Dow, of Chehalis, is recorded as a member of the American Medical Association, has renounced Homœopathy, so there is but one homœopathic member on the board.

West Virginia.

No provision for homœopathic representation in the Law and none, therefore, on the board.

Wisconsin.

The Law provides for two homœopathic members on the board.

The Law is disregarded. Dr. A. P. Andrus, of Ashland, who usurps one of the homœopathic places, is a member of the American Medical Association. His place should be filled with a loyal member of our school.

Wyoming.

No provision in the Law for homœopathic representation and none on the board.

Treatment of Pruritus Ani.

Rave (*Deutsch. med. Wochenschr.*, No. 16, 1912). Pruritus ani, hitherto one of the most intractable of afflictions, yields readily to the X-rays. The patient takes the knee-elbow position, or bends over holding the buttocks apart with his hands. A soft tube is used, encased in a lead box with a small opening, the scrotal contents being further protected by lead foil. For the technical details the reader must be referred to the original article. A few exposures suffice for a symptomatic cure, though the procedure usually has to be repeated after three or four weeks. The results reported were so good that, if they are confirmed by other observers, we would seem at last to have a remedy for this most distressing affection.

PROLOGUE IN ENGLISH FOR THE ST. PETERSBURG PAN-RUSSIAN HOMŒOPATHIC CONGRESS, NOVEMBER 2, 3, 4, 1913.

Mr. Chairman, Ladies and Gentlemen:

We have a three-fold work to carry on—a *humanitarian message* to the Laity, and *an authoritative statement* to the Official world, *an encouraging word* to the Profession.

The International Homœopathic Council, representing the countries in the civilized world where Homœopathy is practiced, have instructed me, their Envoy, to carry a special message of good will and interest to all our friends in Russia.

The Council thinks it advisable to unite all International Homœopathic activities into a closer fraternity, whether of professional or Lay character.

It is advisable that our Colleagues and Lay supporters in one country should be thoroughly cognizant how Homœopathy is progressing in other countries!

It is of vital necessity to our Cause that *our successes* in countries where we are relatively strong in Homœopathy should be made known to all the world, in ordtr *to prove* both to Officials, Patrons and even our own Colleagues what we have been able to accomplish by our own efforts where we have free power and liberty to advance, and to what extent State Governments have thought fit to trust Homœopathy with their confidence.

When I speak of the "Confidence" shown to Homœopathy by various States, I mean that in certain countries we have been able to *"prove" to their Governments* that we *were worthy* of a share of state support, and this satisfied official patronage is well established by the fact that we are receiving increasing amounts of "money subsidies" annually, as well as the "gift of special and full control" of various large Hospitals, direct from the Administrations.

It will be my duty and pleasure to prove this to you tonight!

Some Governments entirely support many State Hospitals for the Homœopaths; in other States or Countries, each school has its own special wards in the same Governmental Institutions, without friction or interference, but each with impartial patronage and maintenance.

Besides this statement of our public position, we can give also some detail of other Homœopathic deeds:

(1) We can prove that Homœopathy has a lower Death rate in many diseases!

(2) We can prove that Homœopathy can *reduce* the "number of days of convalescence required, and *therefore reduce the loss of time and cost to the State*, and to the individual patient and their families!

The message that we bring to our Russian

Colleagues and their Patrons is one of heartfelt greeting, and we hope to be able to encourage them, by showing what *world wide strides Homœopathy has made,* nearly all secured within the last 50 years, in spite of the most severe professional "boycott," by the old school!

During the last 12 months we have been invited to carry this message of enlightenment and encouragement to Sweden—at Stockholm and Goteborg; to Germany, at Berlin, Frankfort a M., Madgeburg, Darmstadt, and *twice* at Stuttgart, and a future visit to Holland was discussed at Ghent Congress, and now we hear that Switzerland and Germany want us as I return home.

At Berlin we addressed an audience of 1,600 people, and at Stuttgart we had audiences of 800 and 1,000 persons, respectively.

We have also presented our address at Ghent; all the foregoing have been to audiences composed of the Laity *and* the Profession and amongst these audiences were a number of leaders of thought.

These audiences were very interested. *The day of Lay ignorance has passed.* They rightly want to know all about the way to health and safety. So far as the public is concerned the scientific work and discoveries of the century have encouraged "keen expectations" from Homœopathy, and when "lives are at stake, who shall wonder at it?"

In Paris and London we have only addressed the profession as yet, but we are to address the Laity and the Ladies' Guilds of the London Homœopathic Hospital in January and we are to *Revisit* Sweden again in the late winter; and we hope to go to America next year.

This is a work of *education, explanation* and *encouragement,* and not of advertisement, as all homœopathic physicians have *all* they can do professionally!

It shows what National and State legislatures have done for Homœopathy; it explains the work of Homœopathy in combating disease; it is to *stimulate* the supporters of Homœopathy to redouble their efforts!!!

The United States of America have much State patronage, *which is so great* that it will be dealt with in detail, and proved by special lantern slides shown on the screen.

England's greatest Homœopathic Hospital, in London, *receives state recognition,* in that it receives certain grants of money yearly from such "National public subscriptions" as the "King Edward's Hospital Fund," £4,795; the "Metropolitan Hospital Saturday Fund," £3,820, and the "Metropolitan Hospital Sunday Fund," £11,943, up to the year 1911, whilst our Homœopathic Physicians, as such, are now enrolled on and paid out of the funds of the National Insurance Act!!!

I think it necessary to mention that all members of this Council work in an "Honorary" capacity, that is—without recompense!

We repeat, the PEOPLE today *demand knowledge* and *take an intelligent interest* in all movements and questions *of* the day; and what question is of more importance than *the one* which has for its aim the safeguarding of life and the lessening of disease? and in which, if life itself is not actually destroyed, often lessens its value to the individual, and *lessens his usefulness to the State at large!* and greatly hampers and disturbs the well being, and financial resources of individual families.

One decision of our Annual Congresses at Zurich and Ghent *was,* that we *must* spread the news that our Death rates under Homœopathy are in many diseases *much less* than under any other known system of Medicine!

So the public have a right to know, and further, the International Homœopathic Council desire to *bring our strength, resources and triumphs directly to the notice of all Governments* for *their consideration,* and also to more or less isolated homœopathic physicians, *to encourage them* in their daily battle with disease, and life's problems, and *their renewed encouragement,* will be a strength that will lighten the burden of the family, and, therefore, of the state.

At the same time we counsel and urge *every patron* of Homœopathy to encourage and assist every homœopathic physician, and homœopathic institution, to the highest limit of their personal capability.

The largest body of Homœopathic Physicians in the world—the American Institute of Homœopathy—passed this resolution at their Denver Congress, (held this last July),—"that the International Homœopathic Council is deserving of the support of the entire profession."

It is in the Americas, North and South, where Homœopathy *seemingly* has advanced to the greatest extent. For some time now their motto has been "publicity and propaganda" as the watchwords of the hour!

We want *every family,* as well as *every physician, and by every physician we include every allopathic Physician,* to know of the benefits of Homœopathy, in fact, we have been openly offering this our knowledge to the allopaths for a whole century and begging them to at least make a proper public test!!!

There is one lay association that I must make mention of, and this is the Hahnemann Landes Verein, of Wurtemburg (Germany). They have now over 12,000 members, all actively engaged in propagating Homœopathy.

A short time ago this Verein had but 3,000 members, when Dr. Richard Hæhl, who had lately come from the U. S. A., decided to give public addresses, with the result that he increased this membership rapidly to 12,000, and by their aid they have bought a large piece of land, and are now collecting a sum of money for a large Hospital. *These Lay Societies are of the utmost importance to each and every Hospital,*

as they leave the Doctors free to continue their professional duties in connection therewith. We always urge the *formation*, or the *renewed activities* of such Lay Societies, in connection with all Hospitals!

To-night we shall mention some large sums of money given to homœopathic hospitals by the State Governments; *this is not done as a boast of money, but as a proof* that various states have full confidence in Homœopathy!!!

Besides these subsidies from the Governments, large sums of money are continually subscribed by pricate individuals.

Thus, to the London Homœopathic Hospital this year alone, the sum of £16,000 has been given *for investment*, besides the £10,000 annually needed for its upkeep, and the year is not finished yet!

It must be clearly understood, and of which we can adduce ample proof that the separation of the Homœopaths, *into a distinct school of medicine*, is not our making, *nor* is the continuance of the same, our wish! We plead with *all* old school physicians to faithfully test Homœopathy, indeed we have done so from the very first, and our literature has been an open book to them, alsc from the first; we have hidden nothing!

It is a fact that the more serious the epidemic of infectious disease, the more valuable seems to be our service to the state and the individual, as our uncontradicted statistics bear witness. These we are about to present to your notice, and we beg that you will accord them earnest study, understanding, *that they must stand as "proven" as long as they pass unchallenged by the old school*, who *should* challenge them, and *attempt to prove them* false by actual tests, before decrying Homœopathy. The whole world is more or less guided by statistics and we are asking every Government to institute an official test, which, however, must be under suitable guidance, for no allopath can be expected to be an "expert" in Homœopathic Therapeutics without at least some months, or years, of study and practice. We plead, therefore, that all Governments will institute "chairs for the teaching of such homœopathic therapeutics," but this must be done by *acknowledged* and competent homœopathic physicians!

If we analyze "modern medicine" we see that at every turn the so-called "new discoveries" are all tending to confirm our tenets of 100 years and over! Surely such an "unbroken record" is worthy of careful examination!

I can *prove* that we Homœopaths were curing cases of tuberculosis with Tuberculin 16 *years before* Koch gave his treatment to the world, with this difference, that we called the medicament "Tuberculin*um*," *and* we used the *minutest quantity* of the preparation, and only *gave the doses every* 7, 14 or 30 days, according to the requirements of each case individually, and, of course, this medicine was given by the *mouth*.

Koch, seemingly, cut off two letters off OUR "name" Tuberculin*um*, and *made his initial dosage far too strong and gave it too often;* from all these points he and the allopaths have been driven by "sad experience" and *now we find* that *they are coming to our dosage, our infrequency,* and *even to our administration by the mouth* (as is seen by their works on the subject); also *with this difference*, that we Homœopaths have *never striven to make this, or any other drug*, a "SPECIFIC" for this, or any other disease, *our method at all times being* that of "careful choice of a drug selected according to the patient's special *requirements.*" *"Specific medicines"* lead to slackness in prescribing, and as failing to find the "personal necessities" of any patient! Every case requires "Individualization," for seldom are two cases exactly alike!

We have never had to retreat from our method of preparation of Tuberculinum, or any other drug, by a series of *"accidents,"* whilst every list of "Tuberculins" proves that "change" is still the order of the day with the old school. (Nota Bene.—"606" is already superceded, and is now "914," which bespeaks of "uncertainty." There are two unfortunate fallacies here—the experiments being *on the sick*, and in the use of the *maximum dose.*)

Hahenmann also gave clear verbal indications 1795, had essays on Asiatic Cholera, and City, and House, and Hospital Sanitation, etc. The latter essays would make sound scientific reading on general hygiene—to-day!

Hahnemann also gave stringent rules, and the necessary temperatures, as far as he was able, to command them, for *sterilization* of buildings, garments and persons, which practically holds good to-day. He thus foreshadowed asepsis and antisepsis by some eighty years.

Hahnemann also gave a clear verbal indications of the microbic origin of disease in general, and of Asiatic cholera in particular, but which he was unable to prove, because he lacked the proper microscopic assistance; but *his was the genius* which was clearly eighty to one hundred years ahead of his time in many matters, and which foresight, modern science, has confirmed, or is still confirming, every decade. Old school medicine is being forced to the tenets that we have held for a century, but *our* point of personal "individualization" is lost or unknown to the old school. Homœopaths make use of *all* adjuvant methods in treating the sick. We never confine ourselves to "little pills."

Some people have said that Homœopathy is all a matter of "faith cure." We answer this by asking, "How is it that we do so very well, and even very much better than they with infants and the insane," who certainly can have no "faith," and also how it is that we have such

success in diseases of animals, who also and surely have no "reasoning or faith?"

I may mention here that our delegate, at Ghent, from Brazil, Dr. Nelson de Vasconnellos (with a rear admiral rank), and who next year will come to us with full credentials from his Government as a national representative, this delegate told us "that one reason Homœopathy was officially introduced into the Brazilian Army was because it had proved *more successful with the horses*, and also because it was cheaper."

It is well to mention that we Homœopaths also used a preparation of "Anthrax," in 1836, for anthrax or malignant pustule, in sheep, and this was some forty odd years before the actual history of the bacillus was written up. Such is the precision with which we can meet a new, *or any* malignant disease.

One other saying of Dr. de Vasconcellos was that in Brazil "the mother of the family is the flower of Homœopathy," which is a lovely tribute to woman's discerning powers, as to what is safe and of greatest value in the home, and at the same time it is a high compliment to the simplicity of our "art."

That every mother should be vitally interested in our work and our proclamation of the lesser death risk in a general way, not to speak of the personal risk that hovers about her own home, is to be judged from the fact that at least one-half of the children "born of woman" die before they arrive at the age of "five years." With our lesser death risks we know that many of these are saveable.

This is the average death rate returned by the old school authorities.

Did time but permit I could tell you *in detail* how we have proved our worth in:

Cholera, with our 16.1 per cent. death rate, against a 50.0 per cent. average in other hands. In pneumonia, with our death rate of 3.9 per cent., against a 29.5 per cent. average in other hands. In diphtheria, with our death rate of 4.5 per cent., against a 16.0 per cent. average in other hands.

(And as Sir Wm. Osler says that "pneumonia kills more than tuberculosis," what would be the annual saving of life to the world if Homœopathy was universally used in but this one disease—pneumonia?)

Had I time I could prove that we have a strict principle which guides us in our choice of drugs, and which enables us to *produce and reproduce* such results in all parts of the world, and that *in cases where there can be no intricate and expensive laboratory trials and procedures.* Our men, or even at times the laymen, *can do this with only a pocket case of medicines* in their possession, and this "medical outfit" can be carried by us over plain, mountain, or over morass, whereas the physician who depends on a "beautiful" and very expensive laboratory is at an absolute loss in 99/100ths of the world's surface, and thus we have to suppose that the patients must suffer in consequence. And with all the "serum" therapy we have yet to be shown that Homœopathy is not superior to this or any other known method.

This *precision of Homœopathy* is of untold boon to any harassed physician, and it is none the less a boon to the state of which he is an earnest worker and a faithful subject.

As time is limited I must be content with making a simple statement *of some of the advances of Homœopathy*, and leave the rest for another time or someone else and your own careful inquiry.

Our literature is *too immense* and *too exact*, and *our homœopathic successes too apparent to the laity for Homœopathy ever to be lost to humanity.* If the profession were to forsake it, or be denied its employment, the laity would rise to the occasion and use it, as they have done before, in the absence of qualified practitioners.

Occasions arising, the laity actually demand Homœopathy, and our societies have applications on file from cities *begging* that homœopathic physicians be sent them.

Nevertheless, when any method of medicine produces better results than Homœopathy, you will find that we Homœopaths will use it *for your benefit*, because we are "wide awake," as Sir Wm. Osler has said, and *very very* proud of our low death rates, and only the best results will satisfy *us*, for you.

We, as a school, do not claim to have absolute power over life and death, for that belongs to God alone, but *we do claim* to have a "scientific system" of medicine, which is worth fostering by any family or state, in that *we have* very low, and indeed, *the lowest death rates in many diseases.*

To be brief, in the U. S. A. we have thirteen homœopathic colleges, of which three are in State Universities, that is, supported by the respective States of Iowa, Michigan and Massachusetts.

We have about 15,000 homœopathic physicians in U. S. A.

We have nine state supported hospitals for the insane with over 10,700 beds, and this capacity is being yearly increased.

Date of opening.	Number of Beds.	State Supported Homœopathic Hospitals.	Annual State Appropriations.
1870.	2,016.	Middletown (N. Y. State) receives	$171,000
1890.	1,300.	Fergus Falls (Minne.) "	250,000
1893.	1,296.	Patton So (Cal.) (1910) "	255,700
1894.	1,109.	Gowenda (N. Y. State) "	230,000
1912.	1,000.	Allentown (Penna.) " about	200,000
1869.	1,500.	Watertown (Illinois) "	175,000
1884.	1,000	Westboro (Mass.)	(?)
1903.	1,500.	Norwich (Conn.)	(?)
1883.	500 (about)	Ionia (Michigan)	(?)

I have not the details of the annual state appropriations of Westboro, Ionia and Norwich.

Allentown (Pa.) was given to Homœopathy by the state in October, 1912, and the buildings alone cost over $2,000,000.

Our rates of "recoveries on all cases of in-

sanity received" vary, of course, but they average about 43.3 per cent. of *cures* against about 28. per cent. of the old school.

Westboro (Massachusetts) enjoys the best homœopathic reputation with cures, having a 46.3 per cent., and it has reduced its "average residence of its patients" from 6.76 months down to 3.47 months," "which rate is well maintained," and surely this means a tremendous saving to the rates and taxes of that or any other state.

I wish to draw your special attention to what the municipality of New York City is doing for Homœopathy. This will be shown on the slides in tabular form, but in passing I may say that this municipality is under contract to spend before the year 1915 the sum of $2,374,000 for adding new buildings for our homœopathic municipal hospital of Blackwell's Island, of New York City. Which speaks volumes of the confidence enjoyed by our colleagues in the state.

It would take too long to tell you of all our societies, journals, literature, etc., or to tell you of all we have done in the U. S. A.

In Brazil the homœopathic physicians now rank in military naval and civil life—absolutely equal with their allopathic confreres! Brazil will in future send its delegate to our Council Congress—nominated by their Federal Government!

The Brazilian Government supports the new National Homœopathic Medical College, which opened its doors this autumn for the first time!

Homœopathy has equal facilities in at least ten Brazilian Government General Hospitals, where we have a lower death rate than is experienced under allopathy. In these hospitals we each have our own wards under the same roofs.

We Homœopaths have an infirmary department in the great Brazilian Naval Hospital!

The Brazilian Minister of War instructs the homœopathic physicians, attending in the Government Hospitals, to wear full official badges, and they are eligible for the same honors with the old school!

The basis of these official successes may be said to date from the remarkable homœopathic results in treating Asiatic cholera and yellow fever in Brazil!

The Government of Mexico has long supported a National hospital and medical college for us Homœopaths, and their Minister of the Interior signs all diplomas of medicine!

The homœopathic delegate from Spain comes to our Congresses armed with a "royal order" to properly represent the Homœopaths of Spain!

Depend upon it—as we are yet everywhere in the minority—we could never receive these marks of approval, administrative and financial, if we did not prove our worth in a remarkable degree, somewhere and somehow!

These various countries and States in the Americas never would go on giving us State money, in *yearly increasing amounts,* if we did not prove ourselves superior to the old established school of medicine! For if we once dropped down to the level of other schools of medicine—public opinion and the newspapers would soon find us out, and then legislators could not support us, as *a thing apart!*

No! a minority, to live, must show that it is superior, *but as we are steadily gaining ground and adherents all over the world* it is clear that the *public* at least has growing confidence in Homœopathy and we say that the legislators who have given us a share of their patronage are but voicing and acting upon that "confidence of the public."

We have spoken entirely of the International and national phase of Homœopathy, but we must not lose sight of the *humanitarian side,* even if we descend from Internationalism for the moment!

In conclusion, let me *draw a little parallel, which will serve to fix your attention on the gravity of our International message,* and at the same time convey our excuse, if any is necessary, considering our aim is to save life!

We will suppose that some children are at play in a certain field! We will style it the field of life, or the field of medical service!

This field, unknown to them, and to their parents, (who may be excusably ignorant, as this field is in a complex country, being that of life and medicine) contains certain dangers, hidden, as "Nature" alone knows how to mask, or hide, her danger spots!

We will suppose that these hidden dangers are known perfectly well to us; and we will suppose that we silently pass by that field, and these children at play, and *carelessly, callously,* or *treacherously fail to warn those children,* or rather their parents, of those hidden dangers.

Later on, some of those children lose their lives, in that apparently beautiful playground, quite unnecessarily, we say, because there were other fields on the other side of the road infinitely more safe, being guarded by Homœopathy!

What would be your comment? we ask, *and the extent of your righteous anger, when you learned too late that* we knew, and yet had remained silent in a most unneighborly and unchristian fashion?

Knowing the benefits as we do, we are compelled by our *inward sense of justice and* humanity to propagate the news, and give to you this "pearl of great price," which is—*Homœopathy!* Being *Homœopaths,* by profession, we are in duty bound to spread this humanitarian aspect.

The parallel is not strained. This tragedy is going on around us all the time!

We invite a study of our comparative statistics, to prove our case, and the parallel!

E. Petrie Hoyle, M. D.,
Hon. Envoy, I. H. Council.

Oct. 14, 1913, 84 Holland Park, London, W.

BIGOTRY IN MEDICINE.

THE August number of the *Medical Times* (New York) contains an article on "Therapeutic Pathies, Creeds and Sects, the Mushrooms of Scientific Medicine," by Anthony Bassler, M. D., Professor of Clinical Medicine in the New York Polyclinic Medical School, etc. The author who introduces himself to his readers as a "plain, blunt man who is deeply engrossed in matters pertaining to the physical welfare of the human being," with a stupendous degree of assurance rushes in where angels or rather well-informed men would hesitate to tread. For the sake of the author his paper, in my humble poinion, should have remained unpublished.

Abstracting from his naive references to medical history, his observations on quackery in medicine are neither correct in principle nor true in their application to the subject of modern medicine. His reference to Homœopathy and eclecticism show very clearly that the historical aspect of these subjects, in connection with the evolution of therapeutics, is totally foreign to him. The announcement of the biologic principle contained in Hahnemann's theory of similars was of epoch-making importance, and foreshadowed the greatest triumphs of biological medicine as contained in the work of such men as Jenner and Wright. Whatever might be said of eclecticism, one fact will always stand out in bold relief, to wit.: That the founders of the botanic or eclectic school have been the real pioneers and champions of rationalism in the therapeutics even of the regular school. They destroyed the polypharmacy of a century ago, and taught the regular school that there were other things of value in therapeutics besides calomel, and that fifty or one hundred grains of calomel can not be administered with impunity. They were the true reformer of medication just as the Homœopaths with their good results achieved by infinitesimally small doses, showed us the power of the *vis medicatrix naturae,* if nothing else. Perhaps the author of that paper in the August number of the *Medical Times* has never heard of the *vis medicatrix naturae* as a therapeutic agent. I would suggest to him to read the aphorisms of Hippocrates, and thus learn to realize that in all ages and countries in spite of medical creeds and heresies galore, the *vis medicatrix naturae* has always been and still is the one thing worth while in medicine, ancient and modern; as the modern therapeutic skeptic would say: With it we are indeed mighty at the bedside, without it we are nothing but buffoons.

Dr. B. is rather careless in the use of the word "quack." No physician, irrespective of his therapeutic notions and methods, is a quack, if he is sincere in his belief and honest in his dealings with his patients. If a Homœopath or an eclectic is a quack, it is not his school affiliation that makes him such. If a regular is an honorable gentleman and conscientious practitioner, it is not the fact of his being a regular that makes him such. There being fewer eclectics and Homœopaths than regulars in the world, it would seem reasonable to suppose that the number of quacks in the regular school is larger than the number of homœopathic and eclectic quacks. It is just a matter of proportion. To consider men like Hahnemann, Hering, Wooster Beach, Rafinesque, Scudder and Curtis quacks and deceivers is more than even Dr. B. would be bold enough to venture in spite of the wonderful assurance which he shows in other respects.

In the "astounding array" of therapeutic quackery and grafting, Dr. B. does some remarkable enumerating. He includes some of the most valuable and effective therapeutic methods of modern medicine, using the latter word in the most exclusive academic sense. According to Dr. B., Priessnitz and R. Brandt, the originators of the cold water treatment of typhoid fever, were quacks and grafters because they were the champions of hydrotherapy, and succeeded in pracically obliterating the death rate of one of the most formidable diseases of former times. The German universities must be veritable hotbeds of quackery, because chairs of hydrotherapy have been established in some of them. I need only to remind the reader of the distinguished Winternitz to show what well informed men in the profession think of hydrotherapy as a part of modern medicine. What about our own Kellogg and Curran Pope who are identified with this particular form of quackery?

Incidentally let me state that the learned gentleman who is responsible for the article in the *Medical Times* says "hydrotherapy" and not "hydropathy." It may have escaped him during his peregrinations in the fields of medical lore that there is a vast difference between hydrotherapy and hydropathy. The former is a legitimate method, the latter supposed to be an exclusive system. The former is an achievement of which modern medicine is justly proud, the latter a "pathy" in the sense which is so offensive to the finely responsive cuticle of Dr. B. who condemns hydrotherapy with which some of the most distinguished names in modern medicine are identified. Dr. B. says that he is just a "plain, blunt man," who writes on the "right of the things I do know." This time he missed it. He is writing about things concerning which he knows nothing.

The aspersions cast upon suggestive therapeutics, electrotherapy and physiotherapy seem to affirm the statement which Dr. B. makes in the beginning of his discourse. Suppose, just for the sake of argument, that we were to eliminate from modern medicine everything included under the head of physio-therapy, using the latter term in the sense in which well-informed men—*e. g.*, Rivière, Leyden, Solis-Cohen, etc.—ordinarily

employ it. How much would there be left of so-called modern or scientific medicine. We would have to eliminate dietetics, personal hygiene, massage and other mechano-therapeutic methods, photo-therapy, electro-therapy, climato-therapy, radio-therapy, not to speak of thermo- and hydro-therapy. Add to this the newer branches of biologic medicine, like sero-therapy, which are also classified under the head of physio-therapy, and we can realize the extent of our learned author's summary condemnation.

In his introduction Dr. B. assumes a pathetic modesty by saying that like Mark Antony he lays claim to neither wit, wisdom, nor eloquence. After reading his discourse, we all agree with him, especially as far as the second attribute is concerned. I question very much whether even Hippocrates, the king of ancient medicine, if he had had the honor of personal acquaintance with the distinguished Dr. B., would have considered the latter an up-to-date doctor, *i. e.,* up to the date of Hippocrates. The latter was a great believer in hydrotherapy, for instance. Dr. B. considers hydrotherapy a pathy and a "rainbow-hued bubble." This particular bubble manifestly has a great deal of resisting power. In the Papyrus of Ebers we see references to hydrotherapy. Hippocrates lauds it. Galen gives directions as to the uses of water in medicine. The Salernians practiced hydrotherapy, as T. C. Minor in his splendid monograph informs us. Ambroise Paré recognized its value. We moderns know and appreciate its therapeutic excellence. Only the redoubtable Dr. B. has his own opinions about this rainbow-hued bubble, and Dr. B. is too deeply engrossed, to use his own words, in the physical welfare of the human race to waste any time in informing himself on such unimportant subjects as modern therapeutics. *O si tacuisses et philosophus manisses.* What would Dr. B. say if we were to judge his mentality and professional qualifications by his paper in the *Medical Times?*

"Die Geister, die er rief,
Die wird er nicht mehr los."

While I do not think that any fairly well-informed man would take Dr. B.'s expectorations seriously, I feel that the latter should not be permitted to voice ideas which are no credit to him or to the school with which he is associated. No man has a right to pose as a writer on and teacher of medicine who is not reasonably well informed on medical history or the story of the evolution of medical thought. No cult or pathy of any consequence ever arose in medicine without a reason. The drug therapy of one hundred years ago was a senseless conglomerate of empirical preparations that disgusted the thoughtful members of the profession. Hahnemann in Germany, Beach and Rafinesque in this country, were among those who pleaded for reform along rational lines. This fact alone gives these men a conspicuous place among the constructive therapeutists of medical history and entitles them to recognition. By their protests and opposition they affected the evolution of therapeutic thought in all directions, particularly in the so-called old school. To classify these men as charlatans is too foolish to merit even ordinary mention.

In an analogous way some of the highest cults of recent days have helped in the rational development of practical medicine, even if their influence was merely negative and in a sense destructive. The appearance of osteopathy and Christian Science was a logical phenomenon which evolved from the failure of drugs to cure disease. The laity was tired of being dosed and receiving no benefit. They embraced the new cult with avidity, not because of any faith in the curative power of these cults, but because the latter was something new and something that did not have the suggestive of "dope" contained in it. Osteopathy revived the study of anatomy, one of the lost arts. Christian Science emphasized the commanding position of suggestion as the greatest and most valuable therapeutic agent in the hands of the physician. Dr. Still and Mrs. Eddy were among the greatest benefactors of the medical profession or rather of scientific therapy, because they compelled the profession in self-defense *to think.* This is what the average drug doctor hardly ever does. The natural sciences have revolutionized therapy, and established the different mechanical and physical methods included under the head of physio-therapy. No one but a hopeless back number can possibly be oblivious to these facts. Thus Dr. B.'s paper unwittingly constitutes a most eloquent plea for higher medical education.

In conclusion, let me say that I am neither a Homœopath, nor an eclectic, nor an osteopath, nor a Christian Scientist. I am satisfied to be considered merely a physician who is broad enough to see the good wherever it may be found. If, to quote Dr. Bassler, the Augean stables of therapeutics are to be cleansed, let it be remembered that ignorance constitutes the largest amount of filth which has accumulated there, ignorance of the physicians who do not master their subjects, and ignorance of the patients who allow themselves to be hoodwinked by sham and pretense.

The regular profession has no first mortgage on ethics or knowledge. Two thousand years of scholastic or academic medicine have demonstrated this fact, as Paracelsus has said. Those who rush into print with half digested knowledge and questionable ethical notions should qualify themselves by reading and studying more. The *ex cathedra* position of authority is never assumed by a really educated and well-informed man, at least not in the speculative realm of medicine. *Quidquid agis, prudenter agas et respice finem!*—*Otto Juettner, Therapeutic Gazette.*

SOME VAGARIES OF SEX TEACHING.

THERE appears to be no subsidence in the world-wide epidemic of teaching the young all about their sexual selves. Newspaper reporters, magazine writers, public school teachers, prelates, lecturers, social workers, novelists, and so-called leaders in the "feminist movement, are tearing the last veil of secrecy and of modesty from a subject which our forefathers approached with the greatest caution and reserve. If the knowledge of sex were confined to the essential facts of sex and to the dangers of illicit indulgence, one might have no reasonable ground for objecting to this teaching. But this knowledge is peculiarly the kind that creates a keen appetite for more. One of the results of the modern campaign of moral prophylaxis is the wonderfully extensive knowledge of sex and of its disorders which many young men and young women of the present day have acquired. Books on these subjects are readily accessible in many of the public libraries. Some of the classic authors of young ladies are Havelock Ellis and Albert Moll, not to mention the host of writers in the magazines whose candor equals their indiscretion in arousing a prurient curiosity in many young readers. But this is not all. The small child must get a share of this important knowledge. In the latest of the Edward Bok Books of Self-Knowledge for Young People and Parents, entitled "The Changing Girl," by Caroline Wormeley Latimer, a book that is written for the *girl of ten to fifteen*, we find the following: "From time immemorial girls have been taught to suppress and conceal every vestige of emotion connected with sex, not only from the world at large, but from themselves, and the result of all these years of repression has been to create a state of things in which sex instinct in women shows itself in indirect ways." Here is an epitome of Freud's psychology presented for the little miss of ten or twelve years to ponder over!—*Medical Record.*

Grindelia Robusta.

I have recently had several cases of cardiac asthma to whom I have given this remedy with results that seemed marvelous. To cite one instance, the patient, a man of sixty-five, with moderately advanced interstitial nephritis and an arterio-sclerosis had suffered nightly recurring attacks of spasmodic dyspnœa for several months, being unable to obtain more than two or three hours' sleep on any night. Within a few days after the exhibition of grindelia the blood pressure gradually dropped from 185 to 145, where it has remained for eight months, and the attacks ceased altogether, not yet to return. In this connection I call your attention to the fact that in Hare's Therapeuics grindelia is credited with raising the blood pressure by stimulating the vasomotor centers.—*S. M. Rinehart, M. D., Pittsburgh, The Hahnemannian Monthly, October.*

"AMERICAN ASSOCIATION OF PROGRESSIVE MEDICINE."

IT has been said that a "house divided against itself cannot stand." Our profession for many years has been a "divided house," while we, as physicians, have been abusing and persecuting each other, diseases have multiplied and the mortality of 60 per cent. of the diseases common to our country has increased. This shows very plainly that physicians of all schools of medicine are not doing all that they might do for the sick. Our association is non-sectarian, it brings together medical men of all schools, where they meet as physicians, as brothers, with one object in view, to find the best, the most definite, means of healing the sick.

In this age of medical Nihilism and drugless healing, our association meets the demand for a better and more definite medication for the sick. We are not opposed to any school of medicine, neither are we trying to build up or perpetuate any system of therapeutics. We make a careful study of the whole realm of drug action to find the true indication for each remedy. For we realize the fact that theories may change, fads may come and go, but the true indication of a remedy is the "same yesterday, today and forever." This reduces the business of prescribing for the sick down to an exact science.

Our association is the result of the thirty years' writings and teaching of its founder, Dr. Eli G. Jones, who for so many years labored earnestly to bring about a more kindly feeling between the doctors of all schools of medicine—to teach them the definite action of drugs, to fit them to heal the sick. This association was instituted in the city of Burlington, N. J., September 4th, 1912, with representatives from 10 States of the Union. We now have members in 38 States and several foreign countries. Our Board of Officers is composed of 3 regulars, 3 eclectics, and 3 homœpaths. Our Board of Censors is composed of one eclectic, one regular and one homœopath. No school of medicine will ever get the control of our association, it will forever remain an independent medical society. Our last convention, at Poughkeepsie, New York, was the grandest medical convention ever held on the American continent. Men who had grown "old and gray" in their profession said that "they never attended such a splendid medical society, and where they learned so much." No medical society in this country ever had such an array of medical talent, of bright brainy men from all schools of medicine.

Our association was the first National medical society in the world to have a post-graduate course of lectures from prominent physicians of all schools of medicine. It was a new departure in medicine and was highly appreciated. Our association was the first medical society in the world to appoint a "Cancer Commission," to investigate the surgical and medical treatment of cancer and

demonstrate the fact that it was possible to cure cancer by medicine. Our association is doing a grand work in breaking down the walls of prejudice between the schools of medicine and to hasten the day when we shall stand shoulder to shoulder a united profession, with all the bitterness of the past buried and forgotten, when all our time will be devoted to fitting ourselves and heal the sick. Then and not till then will we, as a profession, be loved and respected by the people of America. A physician coming into our association (whatever school of medicine he may belong to) is treated as a brother and a gentleman and we expect the same treatment from him in return. We require that our members shall be graduates of a medical college and legally qualfied to practice medicine in the State where he resides. Our association is a call to every physician who loves his profession and who wants to do his whole duty by his patients, whose heart and soul is in the work of saving human life.

BOOK REVIEWS.

PATHOLOGY, GENERAL AND SPECIAL. A manual for Students and Practitioners. By John Stenhouse, M. A., B. Sc. (Edin.) M. B. (Tor.), formerly demonstrator of Pathology, University of Toronto, Toronto, Canada. Second edition, revised and enlarged; including selected list of State Board Examination Questions. 12mo, 278 pages, illustrated. Cloth, $1.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1913.

The medical student of today, from the time he enters college until he graduates, is confronted with a bewildering mass of scientific information, the main facts of which he is expected to assimilate in four years. Even after he enters professional life he must still continue his studies in order to keep himself abreast with modern progress. To be able to grasp intelligently the new advances as they come, and make practical application of them, he should have the fundamentals of the subject clearly and prominently in mind. To this end the Epitome is admirably suited; it is not a means of escape from wider or deeper reading, but an incentive and trustworthy guide to it. Stenhouse's Epitome of Pathology is unusual in the excellence of its text, illustrations and arrangement, and the questions at the end of each chapter will be found a strong mental stimulus, for they bring out in bold relief the important points throughout the volume.

A MANUAL OF SURGICAL TREATMENT. By Sir W. Watson Cheyne, Bart., C. B., D. Sc, LL. D., F. R. C. S., F. R. S., Hon. Surgeon in Ordinary to H. M. the King; Senior Surgeon to King's College Hospital, and F. F. Burchard, M. S. (Lond.), F. R. C. S., Surgeon to King's College Hospital, and Senior Surgeon to The Children's Hospital, Paddington Green, London. New (2d) edition. Thoroughly revised and largely rewritten. In five octavo volumes, containing about 3,000 pages, with about 900 engravings. Price, cloth, $6.00, net, per volume. Lea & Febiger, Publishers, Philadelphia and New York, 1913.

The appearance of this volume completes the most recent and practical work on the market on Surgical Treatment. It is a work which should appeal strongly to the entire profession, for in each case it gives even minute details and describes the whole proceeding in clear language and with excellent illustrations. This volume treats of the surgical affections of the Pancreas, Liver and Spleen, the surgical affections of the Neck, Larynx, Breast and Thorax and Genito-urinary Organs, including the Kidneys.

The unusual promptness with which the successive volumes have followed each other makes it possible for the doctor to secure a comprehensive work on Surgical Treatment, evenly up-to-date throughout—a very important consideration. This fifth volume, which completes the set, will be found fully as attractive as its predecessors.

MODERN MEDICINE. ITS THEORY AND PRACTICE. In original Contributions by American and Foreign Authors. Edited by Sir William Osler, Bart., M. D., F. R. S., Regius Professor of Medicine in Oxford University, England; Honorary Professor of Medicine in Johns Hopkins University, Baltimore; formerly Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia, and in McGill University, Montreal; and Thomas McCrae, M. D., Professor of Medicine in the Jefferson Medical College, Philadelphia; Fellow of the Royal College of Physicians, London; formerly Associate Professor of Medicine in Johns Hopkins University, Baltimore. In five octavo volumes of about 1,000 pages each, illustrated. Volume I, Bacterial Diseases, Diseases of Doubtful or Unknown Etiology, Non-Bacterial Fungus Infections, the Mycoses. Just Ready. Price, per volume, cloth, $5.00, net; half morocco, $7.00, net. Lea & Febiger, Publishers, Philadelphia and New York.

The first volume of the new *Osler's Modern Medicine* has just made its appearance. This new issue is published under the same editorial management as the original work, and the corps of distinguished contributors is virtually the same. The unusual excellence of the material presented is thereby assured, and the reduction in the price of the complete work, now in five volumes, will make it appeal strongly to all practitioners of medicine, and especially to those who do not possess the original work. Comparison with the first volume of the previous edition shows that the text has been set in much larger and clearer type,

the size of the page has been increased, and there are nearly two hundred pages more than in the original first volume. The many changes which have occurred in both the scientific and practical sides of medical knowledge in the last six years are shown in the complete reorganization of the subject matter. The introductory chapter, the historical section, the article on the biology of the Mosquito, the contribution on "Inheritance and Disease," the introductory section on Protozoa and the article on Life Insurance have been omitted. On the other hand, new or practically new sections will be found on Pellagra, Beriberi, Trypanosmiasis, Malta Fever and on Electrical Diagnosis in Cardiac Diseases. The condensation has been principally in the etiological and pathological portions, and throughout the work increased stress has been laid on diagnosis and treatment.

MEDICAL RECORD VISITING LIST FOR 1914. Wm. Wood & Co., New York.

This is as it ever has been the most compact visiting list published. We do not know how long this list has been in existence, but we do remember that we have never seen a better one during our mdical life. It is elegant, convenient, cheap and business-like in its arrangement. Our physicians should lose no time in securing this list.

CORRESPONDENCE.

Editor of THE MEDICAL CENTURY:

The able and convincing article from Dr. Stuart Close in THE MEDICAL CENTURY for November ought to cause every fair-minded man to do some serious thinking. I do not, however, agree with Dr. Close concerning the remedy he suggests.

Under our form of Government, the State has full power to regulate the practice of medicine. Very well. It charters a medical school from which the young doctor has been graduated and now applies to the Board of Examiners for a license to practice his profession. Of what branches shall this examination consist?

Anatomy, Physiology, Pathology, Physical Diagnosis, Surgery, Sanitary Science, Obstetrics, Uro-Analysis, Bacteriology; from five to twenty questions to each branch, every one of them having a *practical* bearing upon the every-day practice of medicine; a general average of 90 per cent. being required to pass.

By practical questions, I mean practical questions! Not something about the *Iter e tertio ad quartum ventriculum*, but "Describe the femur," and "What muscles control the elbow joint?"

In surgery, something like this: "Define tumors and give common signs of difference between the simple and the malignant."

And that blessed old humbug, "Eye and Ear," what about that? I would ask just one question concerning that branch: "Do you know enough to keep your fingers out of the eyes of the public and refer them to some man of skill in that branch of medical science?"

What about materia medica and therapeutics? Not one word! The State has a perfect right to demand that I recognize a case of scarlet fever when I see it, but it has no business whatever to interfere in the slightest degree with my therapeutic management of the case. That is my exclusive business.

By ignoring therapeutics altogether and demanding a PRACTICAL examination, and not something on the order of certain Pacific coast mush-heads, who happen to find themselves in a little brief authority, I can see no valid objection to the program I have aimed to sketch. I would require every one offering to treat the sick to pass this non-partisan examination. I do not see how even a follower of Father Dowie or Mother Eddy could object to certain fundamentals as a requirement in the treatment of the sick. It would assuredly draw the claws of any medical combine desiring to monopolize medical practice by means of special legislation.

A homœopathic practitioner is, in effect, a therapeutic specialist, and specialists are not perfected in the ordinary medical school. The real specialist is the product of evolution and growth. It takes many years of study, work, and reflection to turn one out.

One fact must be borne in mind: medical men to-day do not practice as they did a hundred years ago when Samuel Hahnemann burst into the dark temple of mediaeval therapeutics with his flaming torch. Forty years ago medical men were devoting their energies to the treatment of yellow fever; to-day they are chiefly concerned with its prevention. The same is true of many other diseases. Relatively therapeutics has lost ground within the past half century, and homœopathy, being a therapeutic specialty, has suffered in consequence. There need be no fear of any scientific truth passing away. Then, too, scientific men are less concerned about mere names than they were in the times of Hahnemann. I mean no offense to any one when I say that theology has experienced even more radical changes than medicine within the past century. For several months past in the city where I live a Baptist minister has, in the absence of the regular pastor, occupied the Presbyterian pulpit! Several months ago, referring to a case of pneumonia, one regular (Sic.) said to another, "I believe he ought to get phosphorus in minute doses of the tincture!" I wonder if any homœopath ever heard of giving phosphorus in pneumonia? "Don't all speak at once." Several years ago a well-known practitioner said to me, "I find that a bichloride solution of 1:1200 is more efficacious

in dysentery than any other antiseptic!" He called it an antiseptic, whereas a homœopath would refer to it as a remedy.

It may be regarded as certain that the weak and ill-equipped colleges, regardless of school of practice, are doomed to extinction, and none ought to regret their going. There is no homœopathic college in the Southern States, yet that section is scourged with a brood of miserable diploma mills that are a disgrace to the American name.

Dr. Close predicts that within a few years there will be fewer than half a dozen homœopathic medical colleges in the United States—and they not teaching homœopathy! Then they may as well close their doors, because in general medicine they can not compete with Tulane, Cornell, Johns Hopkins, Rush, Leland Stanford Junior and others that will occur to the reader. Unless the requirements are changed, as I have suggested, to exclude materia medica, therapeutics, and practice, the homœopathic college, as such, will be a thing unknown in this country within the next few years. The homœopath ought to feel no small degree of satisfaction in having wrung from the dominant school all that has been conceded of late years. There was a time when the meanest of persecutions were the order of the day. The time has arrived when honest men can, at least, state their opinions without fear of going to the stake. The truth, wherever found, has nothing in the long run to fear from the selfish passions of bigoted men. As the President of a homœopathic college once wrote:

Truth, when crushed to earth, shall rise again;
The eternal years of God are her's.

MEDIC.

COUNCIL OF MEDICAL EDUCATION.

THE Council on Medical Education of the American Institute of Homœopathy held a meeting in Cleveland, Ohio, on December 6, 1913, at the Hotel Statler. There were present the entire membership of the Council.

The Secretary presented a Report detailing the work of the fund collections since the meeting one year ago, the results being as follows: Total amount of pledges for the year, $8,631. Total cash collected, $2,054.65. The total number of pledges underwritten by the Trustees was 1,250, of these 771 have been secured, leaving 479 to secure, and it was agreed to ask the Trustees to permit a reapportionment of this number among the newly constructed board, which permission was granted and a year allowed for its fulfillment. The matter of the adjustment of the fund by the Treasurer and the restoring of the terms of office of the Council members to correspond to the by-laws of the Institute was recommended. The educational report, the proposed hospital inspection, and the propagandistic News Letter were mentioned, these were to go to the Trustees.

The Report of the Secretary was accepted and adopted, and the Trustees in their meeting later endorsed the report.

The Educational Report of the Council was presented and reported as ready for publication with the exception of some minor details; this embodies the condition of the colleges for the years 1912-1913. It was moved, seconded, and unanimously carried that the report be issued at the earliest possible date, and distributed to members of every State Medical Examining Board, members of faculties of the colleges, officers of State Societies and such others as might be interested therein.

It was moved, seconded, and carried, that Dr. Baxter communicate with Dr. L. E. Siemon, the acting Dean of the Cleveland-Pulte College (owing to the illness of Dean Quay) and get his approval of the report referring to that school.

It was moved, seconded, and carried, that inasmuch as Dr. Sutherland had recently inspected the New York Medical College and Hospital for Women, he be requested to furnish data for a report on that institution.

It was also the unanimous sense of the Council expressed upon motion that the Secretary be authorized to issue officially from the Council a News Letter to be sent to the press, said News Letter to contain articles of interest to the laity, and that this be done as a trial to see if success in the idea resulted.

Chairman Royal read the resolutions of the Connecticut Homœopathic Medical Society in reference to the uniting of homœopathic surgeons with the proposed old school college of surgeons, and a memorial asking for educational reports from the Council. These were placed on file and the latter is covered by the forthcoming educational report.

It was agreed that Chairman Royal should apportion the work of the Council and its funds and keep account of the same.

It was moved, seconded, and carried, that Dr. Sawyer take charge of the work of hospital inspection and data, as outlined in the Secretary's report and that he be given, in addition thereto, the society work and that he file his data with the Secretary of the Council.

It was moved, seconded, and carried unanimously, that congratulations be extended to Dr. E. Petrie Hoyle, of London, England, for his splendid energetic and enthusiastic work in homœopathic propagandism in various European countries, notably Russia, where, as well as elsewhere, much success has resulted, and to offer to Dr. Hoyle our co-operation in every possible way, also to consider the uniting of forces, if possible, to secure some international homœopathic propagandistic literature.

Communications from Dr. E. L. Nesbit, of

Bryn Mawr, Pa., respecting the employment of school physicians and homœopathic representation were read, and the Secretary requested to inform Dr. Nesbit that the Council has this work in view as a part of its duties.

Dr. Sawyer, as member in charge of hospital inspection and data, was requested to obtain photographs of the institutions as a part of the records.

Dr. Royal was requested by unanimous action to investigate and report the conditions, financial and other, of the Kansas City Hahnemann Medical College.

Adjourned.

W. A. Dewey, M. D.,
Secretary.

PHARMACODYNAMICS AND THERAPEUTICS

BY A. E. HINSDALE, M. D., BAY CITY, MICH.

Nux Moschata.

Fourth.—Tissue Changes, or Pathology. First, advancing years cause abnormal weakness, especially of the digestion; thus we have dyspepsia of old people. It is particularly adapted to constitutions with cool, dry skin and lack of perspiration, in people with soft, straight hair rather than with the crisp and curly hair. Secondly, there is great sensitiveness of the skin to cold, damp air, dropsy of external parts, blue spots on the skin, complaints of pregnant women, complaints from suppressed eruptions, dryness of the eyes, nose, lips, mouth, tongue, and throat, all of the parts on which the patient lies feel sore, rheumatic pains from taking cold from exposure to drafts of air when heated, getting the feet wet,—these pains are fugitive, now here and now there. Marasmus is one of the features of nux moschata; thus we have marasmus of children. There is puffiness and swelling of the outer parts; the hard parts feel soft.—*G. E. Dienst, M. D., Aurora, Ill., The Clinique, October,* 1912.

Collinsonia.

Collinsonia is an old remedy, but one that does not receive enough attention from the average practitioner. Hemorrhoids, chronic laryngitis and atonic heart are leading indications for it, and here it receives attention from the average practitioner. Many neglect to remember it in rectal pain unless due to obvious hæmorrhoids. Its action here is sometimes instantaneous. The writer has more than once had occasion to bless the action of this remedy in his own case. A country practice in the long-ago enabled him to accumulate a combination of rectal pockets and hæmorrhoids which were finally properly treated and cured, but a rectal neurosis has remained, which is aroused by sitting on a cold, damp seat, and when such exposure is committed the following night is liable to afford a disagreeable surprise in the way of sudden excruciating pain, which wakes the sleeper out of a sound slumber, and may be likened to the piercing of the rectum with a sharp knife.

We have been schooled, and sleep with a bottle of Collinsonia on the dresser at the head of the bed, and one or two applications of the full strength of the specific medicine to the tongue, made by turning the bottle upside down on the dorsum, banishes every unpleasant feature, and within ten minutes sweet oblivion is again on, and no more trouble for a month or two until another indiscretion provokes another attack.—*Eclectic Medical Journal.*

Tuberculin.

In this necessarily hasty review of a very important and technical subject I have omitted much that is of interest because of lack of space. In closing allow me to present the following conclusions:

First. A course of treatment by Tuberculin, properly carried out, will arrest or cure fully 80 per cent. of all cases of simple tubercle infection.

Second. In moderately advanced cases it increases the resistance to the disease and diminishes the probability of complications.

Third. Localized forms of tuberculosis, such as laryngitis, fistula, bone and joint tuberculosis, are frequently cured by Tuberculin treatment.

Fourth. Cases that have been treated by Tuberculin in addition to the ordinary hygienic and dietetic treatment are less liable to suffer from relapse.

Fifth. An accurate and exact diagnosis of the local and general condition of the patient is an absolute essential before undertaking to apply Tuberculin therapy.

Sixth. Provided the case is properly selected, and the physician regulates the dose carefully in order to avoid reactions, there is no danger attached to the mild method of Tuberculin therapy. —*G. H. Wells, The Hahnemannian Monthly,* December, 1911.

Epiphegus.

Subinvolution of the uterus, accompanied with painful menstruation and congestion, should be met with one minim dose of the tincture of Epiphegus, administered four times daily for three months.—*J. A. I. H.,* Nov., 1911.

Hedeoma Pulegioides.

This remedy should be thought of when everything taken into the stomach causes pain. The abdomen is distended, sore and sensitive; the tongue is covered with a thin white coating; there is a constant nausea, obstinate constipation, dark urine resembling strong tea, and scanty. Three minims of the ix dilution, every two or three hours, should be persevered with.—*J. A. I. H.,* Nov., 1911.

Adonis.

Dr. H. V. Halbert reports a case of high blood pressure in the Clinique. The patient was a man aged 70. Eventually he had a cerebral hæmorrhage. Rest in bed for three months with proper hygienic treatment and the help of drugs put him on his feet again. Halbert used Adonis vernalis tincture, 5 to 10 drops t. i. d., before meals, and sodium nitrate, grains ½ to 1, t. i. d., after meals. —*N. A. J. H.*, Sept., 1913.

Echinacea.

I have just tested Echinacea in snake bite. On the evening of the 20th inst. a man came in great haste to my office and said: "Doctor, I want you to go to see my little girl just as quick as you can, for she was bitten by a copperhead snake a short time ago, and is suffering very much." I found that the snake had bitten the child on the side of the foot, and it was swollen to its knee, and the child was suffering very much. It was rolling from one side of the bed to the other. It was a twin, three years old. It looked like the foot would burst. I gave the child ten drops of Echinacea, and saturated some absorbent cotton with it, and bound it to the place. I ordered ten drops given every hour, and for them to keep the cotton wet with the remedy and bound to the place. Inside of an hour the child was asleep, and slept for some time. It never did suffer much more, and made a good recovery. Echinacea was the only remedy used, as I wanted to test it, and seeing the foot and leg swollen as it was, I knew it was a very poisonous snake that bit the child.—*T. J. Daniel, M. D.*, Magazine, Ark.

Drugs.

In anticipation of this time, however, there has arisen an impatient demand among physicians for new remedial agents, and as a result numberless commercial houses are foisting upon the profession an enormous array of new drugs with catchy and therapeutically suggestive names. Of these a few may have some value; the majority unfortunately have little or none, and some appear to be distinctly harmful. Of the exact action of these drugs for good or evil we have no knowledge except the statements of the commercial houses introducing them, which are invariably much prejudiced. Many of the new drugs introduced, even by reputable houses, have been shown by analysis to have a composition differing greatly from that stated. It appears to me, therefore, to be of the utmost importance that physicians should accept all unproved statements very cautiously, and should for the present rely almost entirely on the standard preparation of their Pharmacopœia, of which they know the exact composition and physiological action.—*Alexander D. Blackader, M. D.*

Effects of Salvarsan.

In order that fuller information may be gained as to the effect of Salvarsan, Dr. Dreuw, of Berlin, Germany, has undertaken the collection of statistics covering cases of blindness, deafness, convulsions, paralysis, etc., and of death following the injection of the drug, and he asks that physicians using it send to him reports of all such cases. Such reports will be kept entirely confidential. Dr. Dreuw believes that many cases of serious or fatal consequences following the use of Salvarsan have not been reported, and that the present literature is, therefore, too inadequate to serve as a basis for conclusions as to the value of the treatment. He hopes to receive the support of physicians in the collection of these statistics, and asks that reports be addressed to Dr. Med. Dreuw, Berlin, Potsdamerstrasse, 31 a, Germany.

X-Ray.

A girl of 20 years old presented a severe case of psoriasis of ten years' duration. The disease affected the flexor surfaces of both arms. There

Potassium Iodide.

In suspected malignant growths, an elevation of temperature following a rectal injection of potassium iodide (4 g. with bicarbonate of soda 2 g. and water 90 c.c.) differentiates malignant growths from syphilis. This reaction is as specific as tuberculin. The employment of these rectal injections, together with subcutaneous injections of sodium arsenate in 0.25 to 0.5 per cent. solutions of phenol, prevents recurrence, even bringing about a cure of cancer and sarcoma—*Chemical Abstracts.*

Electricity.

Electricity is especially useful in maintaining life in muscles which would degenerate from injury or disease of their peripheral motor neurons, as in polyomyelitis and trauma of peripheral nerves. Many authors believe that the intelligent application of galvanism fosters regeneration of the tissues.—*Baker, in Hahnemannian Monthly.*

Eczema.

Fellows claims that the following will give immediate relief and cure all forms of eczema:

℞. Sulphuris præcip., ℥ij.
Zinci oxidi, ℥j.
Ichthyolis, ℥ss.
Mentholis, gr. xxx.
Paraffini moll., ℥iv.

M. Sig.—Thoroughly rub in each night after washing with some germicidal soap.—*Charlotte Medical Journal.*

The Cholesterin Reaction in the Sero-Diagnosis of Lues.

In conclusion we may state that:

1. The cholesterin test is valuable as a control to the Wassermann test, for when both tests re-

sult likewise—either positively or negatively—we do not think it necessary to repeat. If they differ, we repeat the Wassermann test with a watery antigen and abide by the result.

2. Our Wassermann test so far shows 100 per cent. of correct results as proven by the histories and clinical courses of the cases tested; therefore, the cholesterin test must be less accurate.

3. The cholesterin test can never be used as a simple test for syphilis in the doctor's office, as it demands just as accurate a technique as the Wassermann test, and a large experience in reading the results is required before one becomes expert enough to decide the extremely important question of "Has or has not this patient syphilis?"—*Frank S. Matlack, M. D., Philadelphia, Pa.*

Aspidospermin.

From twenty years' use—or more—I can affirm that it is a sovereign palliative (not curative) for the symptom *dyspnœa*, when this is not dependent upon mechanical or toxic causes; and it is sometimes a valuable aid in the partial relief even of these latter forms of distress in breathing. Its great field, however, is *asthma*—in every one of the 57 varieties—and while occasionally one meets a case it will not help, such cases are rare. The dose in asthma is from 1-10 to 1-2 grain (0.005 to 0.03 gm.) every hour or two; then less frequently as relief is manifested. An "average dose"—if there be such a thing, is 1-8 grain hourly. Physicians unfamiliar with the drug should prescribe small doses and proceed cautiously. Should there be no relief in 48 hours, the patient will not be benefited by longer trial. Aspidospermin is not "curative"—either of the paroxysms or of the underlying "diathesis" or pathological condition (*e. g.*, vasomotor ataxia or chronic bronchitis), which must, in addition, receive treatment *secundum artem;* but as a palliative, tending to prevent recurrence of "spells" in the night, as well as to relieve constant distress, it is a most valuable adjunct to any basic plan of management.—*Solomon Solis Cohen. Medical Review of Reviews.*

Urotropin, Etc.

Acidity of the urine is readily increased to an extent of more than double the normal by sodium di-hydrogen phosphate, and to a considerably less extent by benzoates. Large doses of citrates render it alkaline. Putrefaction of the urine and growth of the staphylococcus is aided by alkalinity and delayed by acidity in proportion to amount. To a small extent the reverse is the case with B. coli; its growth in both acid and alkaline urine is luxuriant. Urotropin is not itself antiseptic, but acts by producing formaldehyde in acid urine; it is inert in alkaline urine. The degree of antiseptic power is proportional to acidity. Where this is normal or higher the drug is the most efficient of urinary antiseptics. There is no evidence that helmitol, citramine, hetraline, and cystopurin behave differently to urotropin. Sandalwood oil is a bad general antiseptic, but appears to have a specific action on the staphylococcus, which may apply to cocci generally. It is of some use in alkaline urine. Benzoic and salycilic acids are similar in action; both are fairly efficient in acid urine, but are of little use in alkaline urine. Boric acid is efficient in acid or alkaline urine and is the most efficient drug in the latter. Uva ursi is a good antiseptic. Its action is not due to the arbutin it contains. It is concluded that the use of urotropin together with sodium di-hydrogen phosphate as a prophylactic before any operation or procedure where the urine may become infected is of the utmost value, but it should only be given when the urine can be made acid. It should never be given with potassium citrate in B. coli infections. In these cases, to make the urine alkaline, boric acid and uva ursi infusions should be used. In cases of ammoniacal fermentation in the bladder, bladder washes (boric acid, uva ursi, sandalwood oil) or some operative procedure are the most important part of the treatment.—*Brit. M ed.J.*, 1913,II, 648-54.

Altitude.

Experiments were made on three persons who made the change of altitude from Tübingen to Schatzalp-Davos and back, and a fourth, residing at the latter place, was used for control. The number of erythrocytes and the hemoglobin content increased from 4 to 11.5 per cent. and from 7.8 to 10.7 per cent. respiration. Different persons reacted differently. The increase took place rapidly for a few days, slowly for a much longer period. On return to lower altitudes, decrease took place immediately: the hemoglobin content decreased much more slowly. Meteorological conditions had practically no effect, the change being due to decrease of oxygen, and subsequent lessened oxygen intake into the lungs.—*Z. Biol.*, 61, 379-516, *Chemical Abstracts.*

Quinine.

Injections of anhydrous quinine in alcoholic solution into a dog had a toxic action and was followed by blindness. No local anæmia or other changes were observed in the cells or blood vessels of the retina or nerves of the eye. Repetition of the experiment on a rabbit, which had suffered removal of the upper right cervical ganglion showed no changes in the retina and no differences between the two eyes. These observations favor the theory of toxicity and exclude the idea that local anæmia is an important factor in blindness caused by quinine.

Thymol.

Crystaline thymol, given daily, in 25 g. doses, usually causes the disappearance of tænia in 3-4 days without recurrence.

Camphora Officinalis in Ether Collapse

Two minims of the tincture, administered internally, and a hypodermic injection of one part of Camphora offinicalis θ to ten parts of Olive oil is effective in the majority of cases.—*J. A. I. H.*, Nov., 1911.

Thyroidin.

With regard to thyroidin, I made several experiments as to the virtue of that drug in homœopathic doses. Tachycardia is the principal symptom for prescribing thryoidin homœopathically. It resembles Lycopus virginicus a good deal, and although the alternation of remedies is not always accepted by many Homœopaths, I can assure you that the alternation of lycopus and thyroidin is often very valuable in tachycardia from nervous disorder, especially in women. I use generally the sixth centesimal dilution. J. H. Clarke, of London, published the first case treated by an attenuation of thyroidin, and he gives several cases of tachycardia treated with thyroidin 3x or 30th in his book on diseases of the heart; first case, heart pain with rapid action and symptom of exophthalmic goitre; second case, hypertrophy with tachycardia and attacks of angina pectoris; third case, acute valvular affection of the heart with severe heart pain. Marc Jousset published in L'Art Médical" a pathogenesy of that remedy. Thyroidin is antagonistic to adrenalin in that the latter contracts, whilst the former dilates the arterioles.

We note in the proofs and experiments the following symptoms: sensations of faintness and nausea, degeneration of heart muscles in animals. Weakness of heart's action. Tachycardia and ready excitability of the heart persisting for several days after the feeding of thyroid gland was stopped. Pulse rose to 112 (clinically it has reduced pulse over 120 and 130). Relaxation of arterioles. Rapid pulsation with inability to lie down in bed.—*By Francois Cartier, M. D., Paris, France, J. A. I. H., October,* 1911.

Picric Acid.

A cold saturated solution of Picric Acid is an unfailing remedy for slight burns. Blisters do not form and the pain quickly disappears. A saturated solution of Potassium Permanganate is also efficacious.—Chemical Abstracts.

Arsenicum.

The treatment of several cases of paralysis agitans with all sorts of remedies forces me to the conclusion that little can be done for these cases, but a slight amount of relief may be obtained from Fowler's solution. This drug seems to be the only one which has been productive of any improvement at all. Under its influence the tremors become less severe in character and the weakness which such patients always complain of is considerably relieved.—*A. E. Hinsdale.*

Urotropin has relieved and cured severe cases of phosphaturia.

High frequency currents are of considerable value in relieving the cramps and various other nervous symptoms which occur in the arms and legs of patients suffering with sclerotic arteries. No curative results have been obtained, but these painful and annoying symptoms are almost completely removed by constant treatment. Three or four treatments a week with the auto condensation current will usually control the symptoms.

Resorcin—Treatment of Suppurating Adenitis with Resorcin.

G. Fionito states that in army and navy work it is very frequent to find cases of suppurating glands, especially in the groin. In these cases it is not desirable to operate in such a way as to place the patient in the hospital with a long period of absence from duty, while a tedious granulation goes on. Most of these suppurations are due to gonorrhœa or syphilis. In seeking a means of treatment which allows the patient to remain about, the author tried the use of resorcin, swabbed into the cavity of the abscess after removal of the pus through a small incision. The advantages of this method of treatment are these: the treatment lasts from six to ten days only; the æsthetic results are excellent, there being little scarring; the results are of the best in streptococcic infections; the temperature rapidly falls; a large collection of pus does not contraindicate this method of treatment.—*Annali de Medicine Navale e Coloniale.*

Wood Alcohol.

Methyl alcohol causes blood extravasation in the sheaths of the optic nerve and choroid, thus producing circulatory disturbances; through incomplete combustion of the wood alcohol, formic acid collects in the vessels and causes fatty degeneration. These two factors, together with œdema, lead to degeneration of the retina and consequently to rapidly ensuing blindness. If the collateral circulation be restored, œdema disappears and visual power partially returns. Central scotoma depends on axial neuritis, while diminution of the field of vision is due to affection of the peripheral end of the optic nerve.—C. A.

Bed Sores.

To cure, practically, any case of bed sores: wash frequently with a solution consisting of two drams of ammonium chloride, 4 ounces of water and 12 ounces of alcohol. Dry gently and powder with stearate of zinc. Of course, the patient's position should be changed frequently and rubber air cushions should be used whenever required.—*Medical Review of Reviews,* June, 1912.

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TAMMANY HALL AND THE A. M. A.

IT is not difficult for one, who has kept abreast of the happenings in recent months, to understand that the two most thoroughly discredited institutions in America to-day are Tammany Hall of New York and the American Medical Association of Chicago. Their erstwhile subtle tactics were changed to an open defiance of public interest, and with this modification of policy has come a general appreciation of their actual motives, and an enlightened citizenship has given its answer, which is renunciation and rebuke.

It should not be understood, however, that either of these great political aggregations is dead or that a complacent public conscience will not soon forget the necessary castigations which these organizations have recently suffered. Tammany Hall will be "back on the job" as soon as it gets its "second wind," and the American Medical Association has already offered in Congress, through Reilly, of Connecticut, a bill that for insolence and daring makes the Owen bill and other measures promulgated by that association seem like ordinances that are introduced for the "hefty" consideration of a town council.

It need not be predicted that Tammany Hall will regain control of New York, or that the American Medical Association will be able to realize on its Reilly venture, but it is enough to know that at the close of this year nineteen thirteen these arrogant bodies find themselves in the throes of condemnation.

Certain it is that the future possible political supremacy of either of these organizations is a matter that rests almost entirely in the hands of those who have seen, and who now see, what the underlying purpose of their respective programs was and is. Briefly stated, Tammany Hall correctly translated into political terms means *absolute control of New York,* and the three words, American Medical Association, have long since ceased to have any other meaning than *absolute control of the practice of the healing art in America.*

Each, in its campaigns of the past, has confidently depended upon subservient emissaries within and without its ranks, and its victories or defeats have been determined very largely by the fidelity of these chameleons.

Tammany Hall has its "ward heeler" in every street and alley, and personal opinion is never allowed to becloud the possibility of proportionate reward in case of success at the polls.

Likewise the American Medical Association has a ward *healer* in every community—gleaned as the political needs may indicate—from its own membership or from the homœopathic or other alien bodies, as the case may be.

There are a great many towns and cities in this country that are constantly endangered by political tricksters who imitate with significant accuracy the policies of Tammany Hall, and likewise it may be said of the American Medical Association that it has generously showered upon it the flattery of imitation by the minority schools of healing.

In other words, were it not for the "apes" and "parrots," the Tammany tiger or the A. M. A. porker would of itself constitute a very meagre menagerie.

It is a sad commentary upon the homœopathic profession that it has contributed so materially to the attractiveness of the "animal tent" of the A. M. A., and one must regret the fact that Homœopathy not only cures the sick, but that it also furnishes "curios" for the circus.

Who knows but that when Tammany "comes back" there will be "a smile on the face of the tiger," and who doubts but that the A. M. A. will but grunt and return to its wallow of monopolistic medical politics, and who knows how long it will be before the homœopathic profession will break away from its cage and return to its native heather where it will be free to work out the obligations imposed upon it by the very truth of its principles.

How long, O Lord, how long!

L. P. C.

THE DIFFERENCE BETWEEN THE SCHOOLS.

THERE has been industrially circulated by physicians of the dominant school of medicine this idea and usually expressed in these self same words: "There is little if any difference nowadays between the different schools of medicine; the Homœopaths are abandoning their silly ideas and are coming over to us." Of course, it is well understood by those who know that such statements are mendacious in the extreme, and they are circulated among the people, with others, to monopolize the practice of medicine to avoid competition and to evade consultations with members of other schools of medicine.

The laity are somewhat justified in believing such statements true, especially such as have had to do with half-baked members of our school of medicine in whom frequently the only difference is that they out-allopath the allopaths in their treatment of disease, and he is a wise layman who prefers the Simon Pure up-to-date allopath to the mongrel homœo-allopath in business for revenue only.

What are then the real differences between the schools of medicine if any such exist? They are many and varied.

First. The homœopathic physician treats the patient sick with the disease. He takes first into consideration the cause of the disease and removes it and prescribes unharming medicines to cure what is left of the affection after its causation is removed. *He cures,* he does not palliate except where cure is impossible. He controls painful affections with his homœopathic remedies more permanently and effectively than with strong drugs. In short, he restores the patient to health in a mild, sure and pleasant manner.

What does the allopathic physician do? First, he makes a diagnosis, without a diagnosis he cannot treat a disease. It is a fact, however, that 50 per cent. of all diagnoses made even by the masters of the art—and homœopathic physicians are super-excellent master diagnosticians—are erroneous. The allopath pays attention to the cause of disease, but his only idea in treatment is suppression not cure. By giving phenacetin for a headache he "cures" the headache, even though the headache is dependent upon Bright's disease of the kidney, a disordered stomach, a congested liver, or a brain tumor, the headache disappears and the "cure" is permanent so long as the phenacetin's effect lasts. He "cures" sleeplessness with "sulphonal" or "trional," even though the sleeplessness be due to manaiacal excitement, over wrought nerves, heart disease, asthma or chill-blains. He giveth his patient sleep, but what kind of sleep? Often one that will soon know no waking.

Whenever a painful condition rises he flies to the hypodermic syringe, and thus lays the foundation stones of nearly all institutions for drug addiction in the world. His work is palliation not cure, the effects are prompt, the patient lulled to a temporary amelioration is pleased and the undertaker buys a new coat for his wife.

There is no difference between this traditional treatment and that of the Homœopath who trades upon his name and gives the self same trional, veronal, sulphonal, who is ever ready with his hypodermic syringe, his antidyspeptic tablets, his cathartic pills, his liniments, lotions, ointments, and extracts, all for show, immediate results and revenue. Is it a wonder that so many such Homœopaths fail, that they travel from place to place seeking locations, and finally abandon the school and join the American Medical Association, where they are welcomed and put immediately under Class E, and who finally peter out entirely, and go on the road with a small satchel of samples representing a pharmaceutical concern and telling their better informed brethren how, what and when to prescribe?

Second. The homœopathic physician gives small doses of medicine. It is here the schools are approaching one another, but it is not the Homœopath who is "coming over." They have been over since they started 125 years ago. Less medicine is being given by the allopaths, but small doses are by no means Homœopathy. An allopath could not practice Homœopathy if he gave the 200th potency, he must know how, when, and why he gives it. It is not enough to say a homœopathic remedy for fever is Aconite in small doses, therefore we will give Aconite in small doses in all fevers. He, perhaps, does this and says to his family, I will "use Homœopathy for your child as our doses are too strong," but he gives Aconite when he should give Gelsemium or Belladonna, and the child does not improve, may even die. and not he but Homœopathy is blamed.

There is a difference here, the difference is one of knowledge however, the knowing when to give medicines and why.

Dr. Arthur Bevan, of Chicago, at a meeting of

the American Medical Association, stated, "Gentlemen, we must admit that we do not have a single remedy with which to combat pneumonia." While according to a large array of statistics published in a recent number of the MEDICAL CENTURY the allopathic death rate in pneumonia is from 20 to 45 per cent., under homœopathic treatment it is only from 3 to 12 per cent., according to the age of the patient and severity of the attack.

Is there no difference between a mortality of 3 and 45 per cent.?

Third. No cases of accidental poisoning have ever been reported from the careless leaving of homœopathic medicine about, yet scarcely a day passes but the newspapers report cases of accidental poisoning resulting from leaving mercury preparations, opiates, sleeping draughts, etc., about permiscuously.

The difference here is one of mortality only, as it is in the treatment of all the serious affections and quite as marked as in pneumonia above cited.

There is no difference between the schools in their knowledge of anatomy, chemistry, physiology, bacteriology, histology, embryology, medical jurisprudence, hygiene and nursing. There is a great difference between the schools in their knowledge of diagnosis and pathology, for here the Homœopath aided by his homœopathic knowledge, his study of symptoms and his attention to mental conditions is superior to his allopathic brother.

There is a great, enormous difference between the schools in the treatment of the sick and the cure of disease. Here Homœopathy is supreme in all fields, surgery, obstetrics, mental and nervous diseases, in fact, any specialty. Statistics prove it and the physicians who assert that there is no differences between the schools could not more strongly testify to this supremacy of Homœopathy. They want to wave it aside, to bury it, and hence their industry in circulating such reports.

But the laity must acquaint themselves with the fact that the hypodermic-using, sleeping potion giving, cathartic prescribing, 606, 914, serovaccine toxin dabster is not of the school called homœopathic. He is a shining example of the school that pleases to call itself regular, and there is no difference between himself though he professed to belong to different schools. The calf that has nursed two cows remains nevertheless a common steer.

THIS IS INTERESTING

THE following quotation, taken from the preface of a leading allopathic text book just off the press, reflects beyond question the feeling of therapeutic hopelessness pervading the dominant school of practice of this day and should prove as instructive as it is frank and pitiful:

"He [the physician] may in a measure influence some diseases by his directions for the general care of the patient, but, as a rule, the patient dies or recovers irrespective of his therapeutic efforts, in so far at least as these efforts are based upon ancient empiricism. Typhoid fever patients still pursue the same course, which was so well described by the physicians of the medieval ages; our pneumonia death rate is still what it was when the earliest records on the subject were kept, and is virtually the same for the millionaire in his marble palace, surrounded by doctors and nurses, as for the tramp who is cared for by the roadside by his brother tramps. The 'virulence' of an epidemic of scarlatina or measles may vary, but our death rate, in the long run, is virtually the same. When actual progress has been made in the treatment of disease, such progress has been due, not to our therapeutic interference by means of drugs, but to a recognition, be it ever so slight, of those factors by which nature herself, unaided and at the same time unhampered by empirical drug treatment, seeks to accomplish that end. For, after all, the very thing which physicians have sought to accomplish in all the countries that have passed, viz., the cure of disease, that very thing nature has accomplished by herself before our very eyes, countless millions of times. . . . The fact that nature does not cure all cases would of course be interpreted as an indication that the means at nature's command are, after all, not perfect. This is naturally a debatable point. So much, however, seems certain, that nature's ways, so far as we have become familiar with them, are the only specific ways, along which progress seems possible, and that drug treatment, if it ever shall become of value, must start from a different basis!"

It seems passing strange, but there actually are perfectly good people who insist upon employing allopathic physicians, both for themselves and for the helpless children who have been entrusted to their care, and whom they are supposed to be anxious to protect, in the face of the above open declaration of allopathic helplessness and inefficiency by the very leaders in old school practice!

Alas, for the fatalities of prejudice! The pity of it is that the innocent are made to suffer equally with the guilty.

And this self-confessed aggregation of medical nihilists is continually saying to the members of the homœopathic profession, "Come over and join us. There is no difference between us. You carry a hypodermic, and so do we. We never cure anybody, and (therefore) neither do you! Come on, and let us benignly assimilate you! Come, and let us merge into one great and grand fraternity of Cure Nothings!" Excuse us, please. We are not of you. We have faith. We believe in the efficacy of medicine. We administer our remedies with an assurance born of success. We do not want to be like you.

Did you ever hear anybody but an allopath declare that there is practically no difference between the two schools? Did you ever hear a Homœopath of any degree of learning and experience, express any doubt as to the efficiency of the indicated remedy? And why, if you please, should a Homœopath, who cures ninety-five per cent. of his cases of pneumonia, for instance, quickly, pleasantly and safely, hanker after any liaison with the allopath who loses thirty per cent.! No, Mr. Allopath, you are a good fellow, and all that, and we much admire you for the splendid scientific work you have done, and are doing, but you are unsafe in the sick room! How can you expect us to have confidence in you, how can you expect your patients to have confidence in you, when you have none in yourself?

Pass on! You were, but are not!—*Monthly Bulletin of Mo. Inst. of Homœopathy.*

MEETING OF THE TRUSTEES OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE December meeting of the Trustees of the American Instiute of Homœopathy was held on December 6 in Cleveland, Ohio. The entire board was present except Drs. Ward, Forbes and Jones.

Among the actions taken was the selection of a Secretary, Editor and Trustee to take the place of Dr. J. R. Horner, who resigned these offices. Some twelve or fifteen applications were presented to the Trustees. The choice finally fell to Dr. Sarah M. Hobson, of Chicago.

The Institute headquarters will therefore be transferred to that city on January first.

The Institute endorsed the Report of the Council on Medical Education and acceded to its requests.

The business matters of the Journal were placed in the hands of the Finance Committee, the Chairman of which is Dr. A. B. Norton, no change having been made in this committee. Dr. J. P. Sutherland was appointed chairman of the Journal Committee. As to other committees we are, at the time of going to press, uninformed.

DEATH OF DR. JAMES H. McCLELLAND, OF PITTSBURG.

IN the death of Dr. McClelland the homœopathic school has suffered a loss well nigh irreparable. He was, perhaps, the foremost figure of American Homœopathy. He was born in Pittsburgh, lived there his entire life and died there, but he left an undying monument in the magnificent new Pittsburgh Homœopathic Hospital, which was completed only a few years ago. The Hahnemann Monument in Washington was a result of his conception and work almost unaided. He has occupied the highest places in not only national, state and local homœopathic societies, but in International Homœopathic Associations as well, he being President of the International Homœopathic Congress at the time of his death. He was a true homœopathic physician, his Homœopathy was ever foremost even in his specialty of Surgery in which he was one of the most skillful and successful of our school. In addition to all this and much more that might be said he was a delightful gentleman and one who was loved by a host of friends and one who had no enemy. When comes such another?

NEWS ITEMS.

CALIFORNIA.

Dr. A. C. Cowperthwaite, the Dean of our American Materia Medica Teachers, has removed to Los Angeles and has an office in the Black Building of that city.

The squirming of the California State Journal of Medicine over the new California law is very good evidence that the law is a good one and fair to all schools of medicine. This journal represents the Medical Trust on the Pacific coast.

DELAWARE.

It is proposed to raise, for the Homœopathic Hospital of Wilmington, a fund of $150,000. Several teams of citizens in various towns have been started on this good work.

ILLINOIS.

The Chicago Board of Education appropriated $10,000 for physicians to lecture to parents and children on Sex Hygiene. There were twenty-seven positions to be filled and the medical trust asked for twenty-seven places and got them. There are over 500 homœopathic physicians in Chicago besides a large number of Eclectics, Osteopaths and others, but none of these were selected. It is perhaps quite as well for extracts from one of these lectures and a summary of another was submitted to the United States Post Office Department and the decision returned that they would not be admissable to the mails.

The Central Illinois Homœopathic Association elected, at its last meeting, Dr. J. S. Adsit, of Hoopstown, as President; Dr. J. C. Barnheiser, Forrest, as Vice-President; Dr. G. G. Gaffney, Lincoln, Secretary. The meeting next year will be in Decatur.

Two of the surgeons of Chicago, Dr. H. R. Chislett and Dr. C. E. Kahlke, have joined the American College of Surgery and are now full fledged fellows. We have heretofore classed these gentlemen as homœopathic surgeons.

KENTUCKY.

The Falls Cities Homœopathic Medical Society held its meeting in Louisville on October 21st. Dr. Lee Norman, of that city, presided.

MARYLAND.

Dr. R. S. Copeland, of New York, was the principal speaker at the meeting of the Maryland Homœopathic Medical Association, held in Baltimore last month. Dr. Copeland took for his subject "Definite Medication." It is proposed to have the American Institute meet in Baltimore in the near future.

MASSACHUSETTS.

Dr. Belle J. Allen, a B. U. graduate, now superintendent of a hospital in India, is in the United States. She took part in memorial services to Mrs. Butler, in Tremont Temple, Boston, in October.

Others in the medical missionary service from B. U. include Dr. Edwin M. Kent, 1909, now at Changli Hospital, North China, who reports some twenty house cases, and ten to fifteen out-patients, as an average at the hospital; Dr. James F. Cooper, 1910, who was married, September 17, to Miss Ruth I. Quinby, of Dorchester, and will soon sail for China, and Dr. Charles A. Powell, 1913, who has sailed for Nanking, where he will spend a year learning the language, and in service at the hospital. At the end of the year he goes to Chao Hsien, 150 miles inland, where he is to remain six years.

Drs. Harry F. Cleverly, of Scituate, and Charles H. Colgate, of Rockland, were on the stand at Plymouth court as medical witnesses in the Admiral Eaton case. Both attended at times members of the family.

Dr. Nathaniel W. Emerson has sent to Mayor Fitzgerald his resignation from the Board of Trustees of the Infirmary Board. Poor health is given, unofficially, as the reason.

Funeral services of Mrs. Florence Leland Sanders, widow of Dr. Orren B. Sanders, who died September 25, from injuries sustained in an automobile accident, took place at their late residence, 358 Commonwealth avenue, Boston, October 30.

Dr. N. W. Emmons, of Newton, announces the engagement of his daughter, Alice P., to Charles H. Paul, of Newton Center.

Miss Susan Wesselhoeft, daughter of Dr. Wm. F. Wesselhoeft, was married to Renouf Russel, at the doctor's summer home, Jaffrey, N. H., the latter part of October.

A course in Hæmatology and Urinary Sediments, under the Department of Pathology, will be given at the Medical School this year by Dr. Herman Ulrich, 1911, House Physician at the Evans Memorial, Boston.

The Boston Section of the State Homœopathic Society held a meeting Thursday, November 6, at the Evans Memorial Building, which was open to the public. It was a "Shoe" meeting, and was most interesting. Dr. Winslow B. French, of the J. E. French Co., gave "A Talk and Display of Shoes;" Mr. Oscar Health, of the Boston Last Co., "A Talk and Display of Lasts;" Arthur L. Evans, of "The Shoeman," spoke on "What Created Style;" Edward E. Allen, M. D., on "Anatomy of the Human Foot;" George H. Earl, M. D., on "Foot Discomfort;" Helen S. Childs, M. D., on "Women's Feet and Shoes." A discussion was opened by Dr. Alonzo G. Howard, and dealers from the firms of Thayer McNeal Co., Jones, Peterson & Newhall, Besse-Rolfe Co., and J. J. O'Brien. The National Retailers' Association was represented by one of the directors, Mr. H. E. Hogan. The New England Shoe and Leather Association was represented by its secretary, Mr. Thomas F. Anderson.

The friends of Boston University Medical School will be particularly pleased with the following item from the October New England Medical Gazette: "The highest rank obtained by any candidate at the July (1913) examinations by the Massachusetts State Board of Registration in Medicine was obtained by a graduate of B. U. S. M. The school is charged with only 3.3 per cent. of failures before all the State Boards of the country, the average of the other medical schools being 18 per cent. Boston University's record in this respect is better than all other medical schools of the country." And yet the New York Regents wanted to cross B. U. off its eligible list of schools it would examine to license to practice in New York. With the endowment fund, which seems already assured (and some over), Boston University Medical will take its proper place as the foremost homœopathic medical school in the country, and our old school friends, Carnegie foundation bureaux and others will have to acknowledge it, little as they may like it.

Drs. Charles S. Gleason and Laurence F. Keith have been reappointed school physicians in Wareham, and have begun their work in the public schools there.

Dr. Frank C. Richardson, Professor of Nervous Diseases at B. U. Medical, read a very interesting paper on "Mental Deviates" before the Convention on Mental

Hygiene, at Boston, April, 1913. Reprints of the paper have been sent to the profession.

Some 900 Boston University graduates and students "got together" at Jacob Sleeper Hall, Boston, November 6, the first gathering of its kind ever held. Dr. Frank W. Patch, 1888, represented the Medical School and in his speech promised to claim, this year, the $50,000 offered by the Trustees for Medical School Endowment Fund, when the Medical School had raised $50,000.

Dr. James Krause, of Boston, has been attending the meeting of the American Association of Clinical Research, at Hotel Sherman, Chicago, November 7 and 8.

Dr Charles McBurney, the eminent New York surgeon, who attended Presidents McKinley and Garfield, after they had been shot, died November 7, at his sister's home in Brookline, Mass. He was an expert on appendicitis.

The Newburyport Homœopathic Hospital recently graduated five nurses. Dr. George W. Worcester, presided at the exercises.

The bazar and fete by the B. U. Medical School Alumni was held in Copley-Plaza, Boston, November 13, 14 and 15. The 13th was Boston day; the 14th, Brookline day, and the 15th was Cambridge day. Friday the big event of the fete took place, the Mother Goose pageant and costume ball. Whist, lunches, sales tables of all kinds, children's departments and a country store were some of the features. A large sum was realized toward the Medical School Endowment Fund. Society folks in all parts of the State were interested and seldom, if ever, has the school been so well advertised as at this time.

MICHIGAN.

The Detroit Practitioners' Club held its regular monthly meeting at Grace Hospital on November 17th. Dr. R. S. Copeland, of New York, and E. C. Hoff, Detroit, read papers.

The homœopathic physicians of Washtenaw county met at the Homœopathic Hospital in Ann Arbor on November 22d and organized themselves into a society. Cases were presented from the large hospital clinic, addresses were made and a banquet was served. The visitors numbered about twenty-five of the prominent men of the county.

NEW JERSEY

The West Jersey Homœopathic Hospital of Camden received a bequest of $10,000 from the will of Katherine C. Warner, recently deceased.

NEW YORK.

At a meeting of the Interstate Federation of Homœopathic Medical Societies, held in Binghamton, on October 23d, Dr. R. B. White, of Scranton, Pa., was elected President. This society is one of our flourishing sectional bodies.

OHIO.

The 105th meeting of the Miami Valley Homœopathic Society was hed on October 30th. There were a large number of physicians present from the Western and Southwestern parts of the State and a banquet was held at the Phillips House.

The Toledo Homœopathic Club held its monthly meeting on November 21st. Papers were read by Drs. Armstrong and Humphrey. This society is a very flourishing one.

The Northwestern Ohio Society held its annual session in Toledo on December 9th, Dr. James C. Price presided and the program was an excellent one including the customary operative clinics at the Toledo Hospital.

OKLAHOMA.

The Oklahoma Homœopathic State Medical Association held its semi-annual meeting in Tulsa. Visitors were present from all over the State, interesting papers were read and special cases discussed.

OREGON.

The Oregon State Homœopathic Association held its 37th annual session in Portland last month. An excellent program was presented. The new officers of the society are the following: Dr. John F. Worcester, President; Dr. J. B. Bishop, Forest Grove, First Vice-President; Dr. David Breuer, Second Vice-President; Dr. Byron E. Miller, Secretary; Dr. I. N. Palmer, Treasurer.

PENNSYLVANIA.

The Philadelphia Society for Clinical Research held its regular monthly meeting on Thursday evening, October 23d, at 9 P. M., at the office of Doctor M. Sloan, 4825 Baltimore avenue. A paper on "Colds" was well presented after which a hearty discussion took place. The meeting was well attended and a very enjoyable time was had by those present.

PERCY A. TINDALL, M. D., *Secretary.*

The Clinico-Pathological Society of Philadelphia held its regular monthly meeting at Hahnemann College, Saturday evening, October 18th, 1913, at 8:30 o'clock. The scientific program consisted of the following:

"Regeneration of Bone in Surgical Diseases," Dr. D. Roman.

"Interstitial Keratitis of Traumatic Organs," Dr. F. O. Nagle.

The censors reported favorably the names of Dr. W. Hayes Brown, 6607 Lansdowne avenue, and Dr. H. F. Hinkel, 107 E. Lehigh avenue. Many important topics were discussed by a large number of members present.

BENJ. K. FLETCHER, M. D., *Secretary.*

The Germantown Homœopathic Medical Society held its regular monthly meeting at the "Majestic," Broad and Girard avenue, on Monday, the twentieth of October, 1913, at 9 P. M. A paper for discussion, en-

titled "Achylia Gastrica," was presented by Doctor T. B. Bradley, and which proved to be a very interesting feature of the occasion. The Censors reported favorably the name of Dr. Gordon Maxwell Christine. There was a full attendance of members and great interest was shown at this meeting.

LANDRETH W. THOMPSON, M. D., *Secretary.*

The Physicians' Motor Club of Philadelphia held its annual Fall Smoker, on Tuesday evening, October 21st, at 9 P. M., at the Hotel Walton, Broad and Locust streets. The members were loyally entertained, and a very enjoyable time was had by those present.

HOWARD A. SUTTON, *Secretary.*

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann College, Thursday evening, October 9th, 1913, at 8:30 P. M. A paper on "Auricular Fibrillation, Its Diagnosis, Significance and Treatment," with demonstrations by polygraph and reflectoscope was presented by Dr. Wm. Rendell Williams and was thoroughly enjoyed by all members present. The scientific session was followed by a social hour in which the members had a very enjoyable time.

WM. M. SYLVIS, M. D., *Secretary.*

The Homœopathic Society of the 23d Ward of Philadelphia held its regular monthly meeting at "Three Tuns," where the members were the guests of Dr. F. C. Emery. A very interesting paper was read on "Goitre," after which many important business matters were taken up. The election of officers then took place. The meeting was well attended and a thoroughly enjoyable time was had by those present.

JOHN D. BOILEAU, M. D., *Secretary.*

The Women's Homœopathic Medical Association of Pittsburgh, Pa., held its regular monthly meeting at the office of Dr. Ella Walker, 17 Vine street, Sharon, Pa., on Thursday, November 13th, 1913, at 8 P. M. A paper on "Diseases of Children During Dentition" was read by Dr. Millie J. Chapman. Keen interest was shown at this meeting by a large number of members present.

LYDIA B. PIERCE, M. D., *Secretary.*

The Homœopathic Medical Society of Chester, Delaware and Montgomery Counties, held its bi-monthly meeting at the Turk's Head Hotel, West Chester, Pa., on October 14th, 1913. The meeting was called to order by the vice-president, Dr. Morris Hughes, of Kennett Square, and Dr. Isaac Crowther, of Chester, performed the duty of secretary. The election of officers to serve the ensuing year resulted in the naming of the following: President, Dr. Morris Hughes; Vice-President, Dr. J. Oscar Dicks, of West Chester; Secretary and Treasurer, Dr. Isaac Crowther; Censor, Dr. Wm. Garner, of Pottstown. A paper on "Auricular Fibrillations, Its Diagnosis and Treatment" was read by Dr. W. H. Williams, of Philadelphia, after which a hearty discussion was entered into by a number of able doctors who were present at this meeting.

Preceding the afternoon session the doctors took dinner together at the meeting place. Among those present were: Dr. Charles R. Palmer, Dr. J. Oscar Dicks and Dr. S. LeRoy Barber, of West Chester; Dr. Wm. Rendell Williams, Dr. Van Arsdalen and Dr. W. Mercer, of Philadelphia; Dr. F. H. Pounds and Dr. Isaac Crowther, of Chester; Dr. Trimble Pratt, Media; Dr. H. Thomas Stockton, of Marcus Hook; Dr. Morris Hughes and Dr. R. W. Gregg, of Kennett Square, and Dr. Howard Terry, of Phoenixville.

The Board of Managers of he Chester County Homœopathic Hospital held its regular monthly meeting on Ocober 14th, 1913. Very encouraging reports were presented by all committees and the work of the institution is progressing very satisfactorily.

The Nurses' Training School Committee reported that the five probationers, who entered the hospital at the opening of the institution the latter part of July, had been accepted by the Training School, having qualified after examination by the committee and the superintended, Miss Mary C. Davis.

A washing machine and mangle operated by electric power have been installed in the laundry, meeting a much felt need.

The excellent work of the superintendent, Miss Davis was especially commended by he Board of Managers.

PERSONALS.

Dr. E. G. Whinna, of Philadelphia, the physician in charge of the Philadelphia Home for Infants, has just completed twenty years of continuous service, during which time he has cared for 2,160 children, out of which there were but eighty-four deaths, a mortality rate of three and two-fifths per cent., which speaks well for the Doctor of Homœopathy. In appreciation of the doctor's service to the Home, the managers sent the doctor the following resolutions: Appreciating, as we do, your services as physician in charge at the Philadelphia Home for Infants, and realizing that the good health of our babies is in a large majority due to the watchfulness and skill in handling their ailments, the managers wish to put on record these expressions of their gracious appreciation of your work during the past twenty years, and trust that you will long be spared to administer unto their ever changing family of little ones gathered at the home.

MARY BUNTING WOLF,
Corresponding Secretary.

The Class of Nineteen Hundred and Thirteen of the J. Lewis Crozer Hospital Training School held its Commencement Exercises on Wednesday afternoon, October 29th, at 3:30 P. M., in the reception hall of the J. Lewis Crozer Home for Incurables, Upland, Pa.

The Hahnemann Hospital Training School for Nurses held its Graduation Exercises at Hahnemann Medical College, Philadelphia, Pa., on November 11th, 1913, at 8 P. M.

Miss Kornelia Theodosia Andrews announces the marriage of her niece, Miss Gretchen Fiske Longley, to Doctor Raymond Sylvester Leopold, on Wednesday, the twenty-second of October, 1913, at Hudson, New York.

TEXAS.

The annual convention of the Texas State Homœopathic Medical Society was held in Dallas on October 28 and 29, the following officers being elected for the

ensuing year: President, Dr. C. C. Bowes, Greenville; Vice-Presidents, Dr. Solomon W. Cohen, Waco, and Dr. Jessie L. Givens, Bowie; Secretary, Dr. Julia H. Bass, Austin; Treasurer, Dr. W. D. Gorton, Austin.

OBITUARY.

Dr. Geo. DeW. Green.

Holt, Mich., May 24, æt. 65. Hahnemann Medical College and Hospital, Chicago, 1885.

Dr. Phil. Porter.

Springport, Mich., July 14, æt. 61. Long Island College Hospital, Brooklyn, N. Y., 1875.

Dr. Charles S. Elliot.

Kansas City, Mo., Sept. 27, aged 56. Pulte Medical College, 1886.

Dr. Charles B. Jennings.

Reading, Pa., aged 57. Hahnemann Medical College, Pa., 1881.

Dr. W. F. Minard.

Waterbury, Vt., Oct. 9, aged 46. Hahnemann Medical College, Pa., 1887.

Dr. Olive O. Nelson.

Huntington, Ind., Sept. 23, aged 53. Hahnemann Medical College. 1900.

Dr. William B. Clowe.

Walla Walla, Wash., Sept. 30, æt. 67. Hahnemann Medical College, Philadelphia, 1883.

Dr. Charles A. Ayres.

Philadelphia, Pa., Oct. 9, æt. 61. Hahnemann Medical College, Philadelphia, 1888.

Dr. Edmund T. Allen.

Chicago, Aug. 17, æt. 57. Hahnemann Medical College, Philadelphia, 1886.

Dr. A. S. Holland.

Chicago, Ill., Nov. 2, æt. 71. Chicago Homœopathic College, 1896.

Dr. Wm. E. Hathaway.

Cincinnati, Oct. 8, æt. 68. Pulte Medical College, 1889.

Dr. A. M. Stephens.

Red Wing, Minn., Sept. 21, æt. 71. Hahnemann Medical College, 1884.

Dr. Chester B. Jennings.

Reading, Pa., Oct. 1, æt. 57. Hahenmann Medical College, Philadelphia, 1881.

Dr. William A. Jones.

Oconomowoc, Wis., Oct. 31, æt. 56. Hahnemann Medical College, Chicago, 1883.

Dr. James H. McClelland.

Pittsburgh, Pa., Nov. 14, æt. 68. Homœopathic Medical College, Philadelphia, 1867.

Dr. Francis W. Skiles.

Defuniak Springs, Fla., March 19, Cleveland Homœopathic Med. College.

Dr. Ernest P. Bixby.

Barre, Mass., March 24, æt. 40. New York Homœo. Med. College, 1897.

Dr. Herbert Whitworth.

Dodge City, Kan., Pulte Medical College, 1875.

Dr. James B. Olmstead.

Portland, Oregon, May 18, æt. 56. Pulte Medical College, 1881.

Dr. Henry M. Keener.

May 18, æt. 71, St. Joseph, Mo. Homœopathic Medical College of Missouri, 1868.

Dr. John W. Covert.

New Castle, Pa., May 18, æt. 75. Cleveland Medical College, 1879.

Dr. Frank Charles.

New York, May 21, æt. 60. New York Homœopathic Medical College, 1885.

Dr. Annie M. Hawley.

Big Sandy, Tenn., May 11. Hahnemann Medical College of Chicago, 1873.

Dr. Jacob Derx.

Kansas City, Mo., Aug. 8, æt. 74. Iowa State Homœopathic Medical College, 1887.

Dr. Geo. B. Langmaid.

E. Greenwich, R. I., Sept. 14, æt. 65. Boston University School of Medicine, 1877.

Dr. Henry W. Nelson.

Steubenville, Ohio, Sept. 25, from overdose of morphine, age 76. Homœopathic Hospital College, Cleveland, 1865.

Dr. Ray D. Robinson.

Akron, Ohio, Oct. 7, æt. 44. Cleveland Homœopathic Medical College, 1903.

Dr. Samuel A. Robinson.

Washington, D. C., Oct. 9, æt. 75. Homœopathic Hospital College, Cleveland, 1858.

Dr. Robt. Wadsworth.

Rochester, N. Y., Oct. 17, æt. 63. Hahnemann Medical College, Philadelphia, 1876.

Dr Zacharia T. Miller.

Pittsburgh, Pa., Nov. 14, æt. 66. Hahnemann Medical College of Philadelphia, 1877.

Dr. George W. Spears.

252 Huntington Ave., Boston, Oct. 30, æt. 64. B. U. S. M., 1870.

Dr. John Kuestner.

Philadelphia, Pa., October 20th. H. M. C. and H., of Philadelphia, 1887.

Dr. Augustine C. Haub.

Boston, Mass., November 14th, æt. 33. Boston University School of Medicine, 1893.

Dr. William P. Mullin.

Philadelphia, Pa., November 14, æt. 53. Hahnemann Medical College of Philadelphia, 1881.

Dr. Charles S. Collins.

Hashua, N. H., November 16th, æt. 60 years. Boston University School of Medicine, 1875.

Dr. George B. Sawtelle.

Malden, Mass., November 14th, æt. 75. Hahnemann Medical College, of Philadelphia, 1866.

The Local Treatment of Œdema.

Pathault (*Jour. de Méd. et de Chir.*, June 10th, 1912). Great œdema of the legs often resists obstinately all treatment, especially when the patient declines to permit the limbs to be incised. The writer has obtained good result from the local use of hypertonic saline solutions. A strongly hypertonic solution is used, containing 25 to 50 gr. sodium chloride to the litre of distilled water. Gauze compresses are lightly soaked in this fluid and are wrapped round the legs. A thick layer of absorbent cotton is placed over the compresses and the whole held in place by bandages. If the dressing be left on all night, the cotton will be found next morning soaked with fluid, and often the sheets and mattress, too, will be wet. The reduction of the œdema is correspondingly marked.

Pathault thinks the process is one of osmosis, the hypertonic saline solution attracting the water directly through the skin. He admits that there are certain difficulties in the way of this hypothesis, but maintains that the facts are beyond dispute. Constitutional treatment must, of course, not be neglected, or the anasarca will promptly reform. Equally good results were obtained in all œdemas whether due to broken compensation, Bright's disease, sclerosis or nearly cured phlebitis.—*Interstate Medical Journal*, Oct., 1912.

Ivy Poisoning.

Dermatitis venenata, always very unpleasant and occasionally dangerous, presents as long a list of possible medicaments as is claimed for pertussis or pneumonia.

Recent studies have demonstrated the cause of the irritation and it is now known that the irritating agent may be neutralized by permanganate of potash solution. The application of the permanganate solution gives great relief and when used soon after exposure or as soon as the first vesicles appear will avert the distressing itching. Treatment should be as follows: First thoroughly wash the part or parts with warm water and soap; then use an alkaline wash, as, for example, a teaspoonful of bicarbonate of soda to one pint of water. Following this should come several washings in warm 2 per cent. to 4 per cent. solution of permanganate of potash. The strength of the permanganate solution should vary according to the severity of the attack.—*Medical Review of Reviews*, June, 1912.

Graphites.

The skin over the joints becomes thickened, dry, hard and is full of fissures which often ooze a sticky, honey-like fluid. I have seen the skin one-fourth of an inch thick in old chronic prolonged and neglected cases of eczema, especially about the bends of the elbows, palms and backs of the hands, knees and joints in general. In eczema of the scrotum, it is raw and oozes a sticky fluid (petroleum, yellowish-green pus oozes from the eczematous surface of the scrotum). Eczema of the axilla in women, with a glutinous discharge, causing excoriation on healthy skin. The most intense itching comes from this remedy. It resembles rhus tox. It is worse from heat or warmth of bed (sulph.). Eczema of the external genitals of females will quite often call for graphites. It does not often complete the cure, but may sometimes be called for in eczema. It is quite often called for in pruritis ani in women. The hair is dry, brittle, easily breaking.—By J. Henry Allen, M. D., *The Critique*.

Appeal to all Friends and Adherents of Homœopathy!

The undersigned is engaged in writing and publishing a most complete and extensive biography of the founder of Homœopathy, Samuel Hahnemann. The work has advanced so far that the publication can be assured within one year.

In order to be sure of not missing anything of value, all owners of original letters or other documents, pictures, medals, etc., of Hahnemann or his immediate disciples, are requested to send them to the undersigned (which should be sent by registered post). After taking copies or photographs they will be returned immediately in perfect condition, also by registered post.

Full acknowledgment will be made in the work for all loans. The material I have already collected is far more complete than anything before attempted, including hundreds of original letters and legal documents of Hahnemann.

Dr. Richard Haehl.

Stuttgart (Germany),
Helfferich Str. 10.

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